Portrayal of Native American Health and Healing

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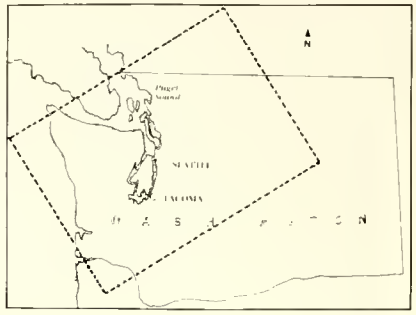


Washington State and Puget Sound

With Seattle near its center, the Puget Sound area is the home of the Lushootseed Salish. The Sound itself is a basin for numerous rivers falling from the mountain ranges that rim the area. Each of the rivers was once occupied by the winter towns and seasonal camps of a tribal community. From north to south along the east side of the Sound, these rivers and tribes are the Skagit, Stillaguamish, Snohomish, Snoqualmie, Duwamish, Puyallup, and Nisqually. On the west, along the Kitsap Peninsula, are the Suquamish and Sahewamish. Closely related but linguistically distinct neighbors include the Nooksack to the north; the Twana and Chehalis to the west; and the Straits (of Juan de Fuca) Salishan tribes to the north, including the Samish, Lummi, and Klallam.

(Courtesy of Lushootseed Research)

Native Healing in Puget Sound

In addition to the local Public Health Service hospitals, the native peoples of Puget Sound today rely on a variety of traditional healing systems. Their most ancient system was administered by shamans and other specialists who had access to the guardian spirits or immortals who conferred powers to cure certain ailments.

In a most impressive rite—required when a patient's vitality had been stolen and taken to the land of the dead—a group of shamans joined together in the Recovery Rite to retrieve the vitality and return it to its owner. Although not seen for most of a century, this rite represents one of the great shamanic ceremonies of the world.

Another healing curing system focused on the ghosts of the dead, who would visit certain mediums to announce coming deaths and disasters. Humans had little recourse to change the outcome of these announcements, however. There was only the satisfaction in knowing what to expect in the future.

With conversion to Christianity, particularly Catholicism, native peoples have also been able to pray for the intercession of saints in the treatment of illness. Most evocations of a high god, or the Christian God, in the realm of medical cures, however, are now made by members of a prophet movement known as the Indian Shaker Church, widely spread throughout the Northwest.

The Peoples of Puget Sound

The region around Puget Sound, with Seattle near its center, is the home of the Lushootseed Salish. While many famous studies have presented information on particular communities, regions, or topics among the Lushootseed, few generalized overviews have been attempted.

Rivers and waterbeds have always been the basis for organizing communities.[1] Marian Smith, after doing fieldwork with the Puyallup and Nisqually tribal communities in the 1930s, devised a model for describing the relationship of the Puget Sound peoples to their watersheds.[2] Based on increasing levels of integration, she found that the greatest allegiance and loyalty coincided with the entire drainage system. Within a watershed, group affiliations became increasingly more expansive in terms of (1) hearth mates or commensal families, (2) households, (3) birthright locals—those born there in contrast to in-laws, visitors, and foreigners, (4) settlement or seasonal sites, (5) community

by Jay Miller

networks, (6) tributary drainages, and (7) the entire drainage.

The major nodes in this overall system were cedar plank houses located along the shore near spots rich in local resources. Often these included a salmon stream, berry patch, and hunting territory.

The mountains rimming Puget Sound are coated with thick stands of evergreen trees, including the Western red cedar, whose straight grain has been ideal for woodworking. The planks for houses, the artifacts used in spirit rituals, the tools for labor, the boxes for cooking and storing, and the canoes that were the primary means of transportation were made from this tree.

Seasonal Movements

The native peoples of Puget Sound had a highly complicated social life, yet they lived by harvesting what nature provided. They were not farmers, nor did they stay in one place. They moved with the seasons. Generally, the climate was mild, due to the offshore Japanese Current, and rainy, so the region teamed with natural foods and game. Chief among the latter were five species of salmon that spawned and died in the rivers each year, although some years the runs were more abundant than others. By working hard for a few weeks, a household could catch and dry enough fish to last the winter. After the summer fish runs, families went into the uplands to collect dozens of kinds of berries, which were also stored for winter use. Men hunted a variety of mammals, both sea and land, during fall and winter. In the spring, fresh greens and early fish runs improved the diet.

Because dense vegetation and rugged terrain limited the number of places where people could live, every house in every town had about fifty occupants. Positions in the house reflected rank in society. The owner of the house and his family had the best location in the rear, away from the drafts at the doorway. This family constituted a kind of nobility, serving as the leaders of the community. Along the sides were common folks, who contributed food and upkeep to the household in return for the prestige of living with wealthy relatives. Just inside the door, exposed to weather and enemy attack, were slaves, either themselves captured in raids or descended from captives. Each family had its own fire along the center of the house, since eating together as a commensal unit was what defined close relations. Nobles usually had more than one wife, but each woman seems to have had her own fireplace to feed her own and any other children invited to share a meal.

On important occasions, particularly during winter, the head of the house would host public events. Then, most resident families would move out to other accommodations to make room for guests, and two or three large fires would be lit in the middle of the house. Huge amounts of food, gathered by slaves and members of the house and prepared by the wives under the direction of the senior wife of the chief, would be served throughout the festivities. Changes in status—such as the assumption of names and positions or

such moments in life as puberty, marriage, and death—were occasions for inviting guests. The more prominent the family, the more guests would be invited. Important families had far-flung networks of friends and kin linked by marriage, trade, and social obligations.

Displays of Spirit Powers

The crux of the entire system and the basic reason for gathering people together was the display of bonds with particular spirit powers. No one could be successful without help from the supernaturals. Invariably, the leading families had been bonded for centuries with powerful spirits. Lesser family members and some commoners might also have spirit partners of modest power.

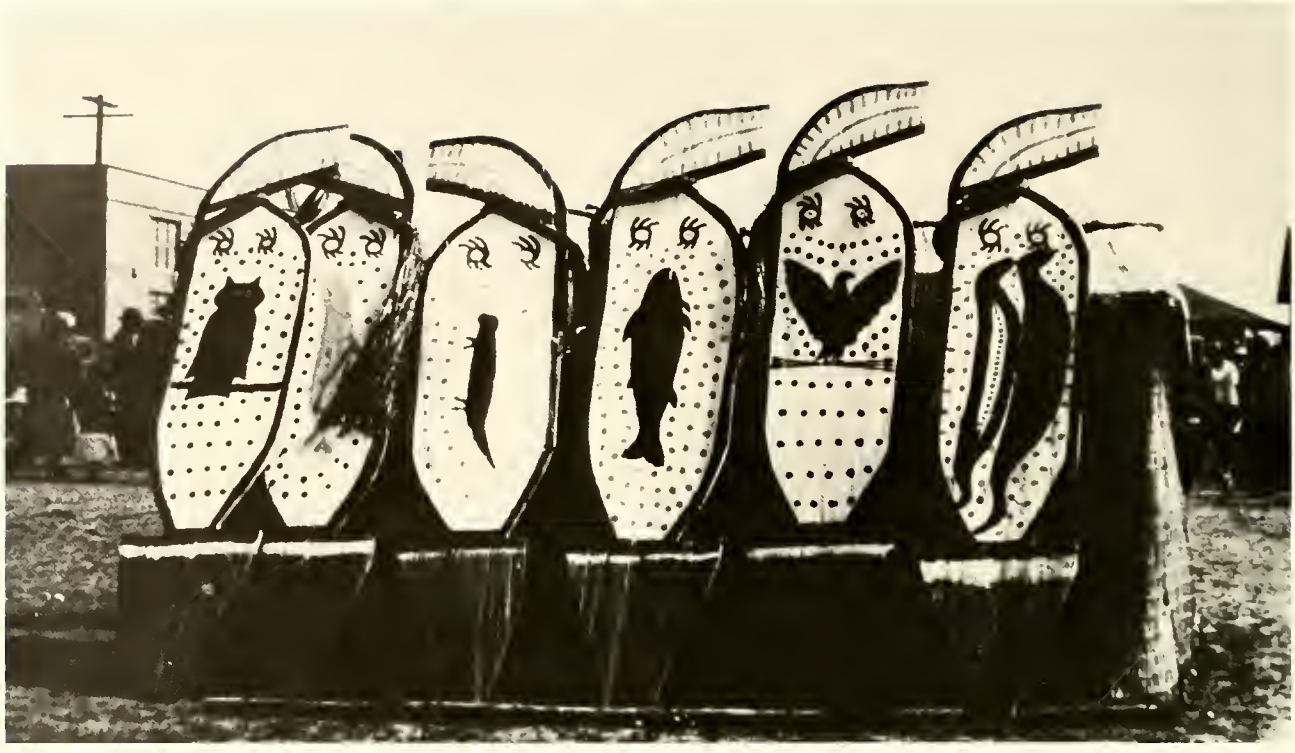
Every career, from woodworking and canoe making to berry picking and midwifery, was enabled by a spirit power. Leaders' supernaturals empowered them to give wise council and acquire wealth, as well as hunt the most dangerous of animals. Many chiefs inherited power from Thunder and passed it along to their heirs for generations.

Most of the year, spirits lived in villages of their own "on the other side" of the human dimension. They visited their human partners almost exclusively in the winter months, when economic activities had ceased. Spirits traveled in a great spiral through the Salish country from the east to the north, west, and south. Towns knew the spirit route from centuries of experience, and during the long rainy winters, communities gathered to welcome back their spirits by singing and dancing a mime of how they had first met in some remote spot in the land or sea. In turn along the circuit, towns hosted power displays.

Puget Sound shamans and others stand before a modern cedar plank house, showing their adherence to the Indian Shaker Church by raising the right hand.

(Courtesy of Lushootseed Research)

For most people in most places, these celebrations formed the primary pattern of traffic with spirits. In every community, however, there were specialists who maintained personal and permanent relations with another kind of supernatural power. The Lushootseed word for "spirit" *(sqlalitut)* derives from the word for "dream" (literally, "to hear in sleep," *-itut)*, and has two meanings: the spirit immortals in general, and the major subset of these spirits, who confer powers for ordinary, mundane abilities. The other subset of spirits consists,



Cedar planks painted in the center with images of shamanic spirits. When set along the edges of a line of Little Earths, the planks defined sacred space. Recreated at a scale of two-thirds, these planks are crude compared with those used in the actual ceremony.

(Courtesy of Lushootseed Research)

quite literally, of the doctors of the universe.

Although usually known as shamans, both the curing spirits and their human allies have the same name—*xwadab*, which derives from the term for "name" or "call," *(-da)*. In the native system of medicine, to correctly identify the cause of an illness is to diagnose the cure. Only such doctors and their powers are in continuous contact.

The head of a household and the leader of a town, who would also be the head of the most distinguished house, either had to acquire such a doctoring spirit or have a close relative or colleague who was a shaman. Just as European noble families sent sons into the church or military to widen their power base, so too did Lushootseed nobles attempt to place members in all positions of authority.

The Indian Shaker Church

Modern Salish families extend this strategy to include several options, particularly religious ones.[3] Thus, while families continue to attend spirit partner ceremonials in winter, they also participate in Protestant or Catholic services on Sundays during the rest of the year. In addition, for the past century, natives of Puget Sound and beyond have belonged to a religion uniquely their own, the Indian Shaker Church. Incorporated in Washington State in 1892, it was founded by a local man, John Slocum, and his wife Mary. According to Shaker teachings, John died in 1882 and went to heaven, but God sent him back to earth in order to preach a new religion. One year later, he died again but was revived by his wife Mary, who began to tremble in her grief. This trembling or shaking became the basis of the Shaker ability to cure disease and upset.[4]

Many of the overt actions of the Indian Shaker Church are similar to Catholic worship—such as candles and repeated use of the Sign of the Cross—but there are important differences, including such distinctive ceremonial devotions as circular processions and use of hand bells for hymns. When natives join the Indian Shaker Church, furthermore, it is believed that their spirit powers also convert, thus continuing the ancestral religious tradition. The primary role of Shakers in the modern native community is curing, but in contrast to the prevailing shamanic traditions, Shaker curing is performed free of charge by all members.

The Role of Shamans

Shamanism continues to be the career of aloof men or women who mostly practice alone. (Among the Salish, sexual equality was well developed.) Traditionally, in fact, shamans have been described as mean and selfish. Although respected for the good that they do or can do, they are also feared. When a shaman enters a room or gathering, quiet quickly falls. Because a shaman's spirits cannot be seen, all must be careful not to give offense. A vindictive shaman can actually cause an illness, and some will accept money from enemies to do so.

When a Salish falls ill, the character and duration of the disorder will determine whether a shaman, a Shaker

healer, or a physician is called to provide treatment. A European-derived case of measles or a problem that requires surgery, for example, will be treated by the university-trained physician. Yet natives are subject to many more diseases than allopathic medicine can account for. Bad relations with the cosmos, the community, the family, and the self are often manifest in particular diseases. Although western medicine categorizes such problems as psychologically-derived, they are nonetheless real and can be fatal.

Shaker healers are usually called upon to improve community sentiment and general well-being. Shakers cure communally and never accept money for their treatments, although they are given donations to pay for gas and lodging as they travel.

A shaman will be called for cosmic disharmony and spiritual disaffection. The shaman's spirits will also be called, loudly and repeatedly. Shamans are expensive, although their fees are returned if the cure is unsuccessful or the patient dies. (A shaman who loses too many cases becomes a liability to the community and may be murdered by members of his or her family.)

Victims may need attention at one of three levels: the mind, the spirit, or the breath. Spirit helpers aid the shaman in locating the problem and curing it. Lushootseed shamans have a characteristic gesture for making a diagnosis—placing the back of the wrist against the forehead, presumably because the double pulses aid their trace state.

The Salish, as other Native Americans, believe that the mind is located in the heart, at the center of the body.[5] The brain serves only as an organ for the storage of remembered thoughts and emotions. Therefore, sorcery applied to the heart will confuse and weaken someone, leaving them susceptible to more serious illness. Often, the shaman will have to suck out whatever sharp or probing objects been been magically shot into the body. For the sucking tube, the shaman will place loose fists on top of each other. (Modesty requires as little actual contact as possible.) Once the problem is trapped in the fists, it can be dispersed in the air or drowned.[6]

Although spirit powers are acquired in youth (before puberty in the old days and by initiation today), spirits do not begin annual visits to their human partners until middle age, when a successful career and healthy family are regarded as proof of a spirit ally. Every human success is attributed to a connection with the greater forces of the universe.

Spirit Sickness

During the winter visit of a spirit, the human partner becomes ill. The first time this happens, a shaman is called to "draw out" the song that has lodged in the throat of the human partner. The shaman will sing the song so that everyone in the house can hear it and remember it because, thereafter, whenever that human becomes ill, people will have to gather with drums and sing while the ailing person dances to become re-attuned to his or her spirit power.

Today, at large weekend gatherings all winter long, the Salish sing and

dance an evocation of their encounter with a spirit. Although the kind of song and the accompanying gestures indicates to what general category a spirit belongs, if the name of the power and its specific details are revealed the human forfeits his or her life.

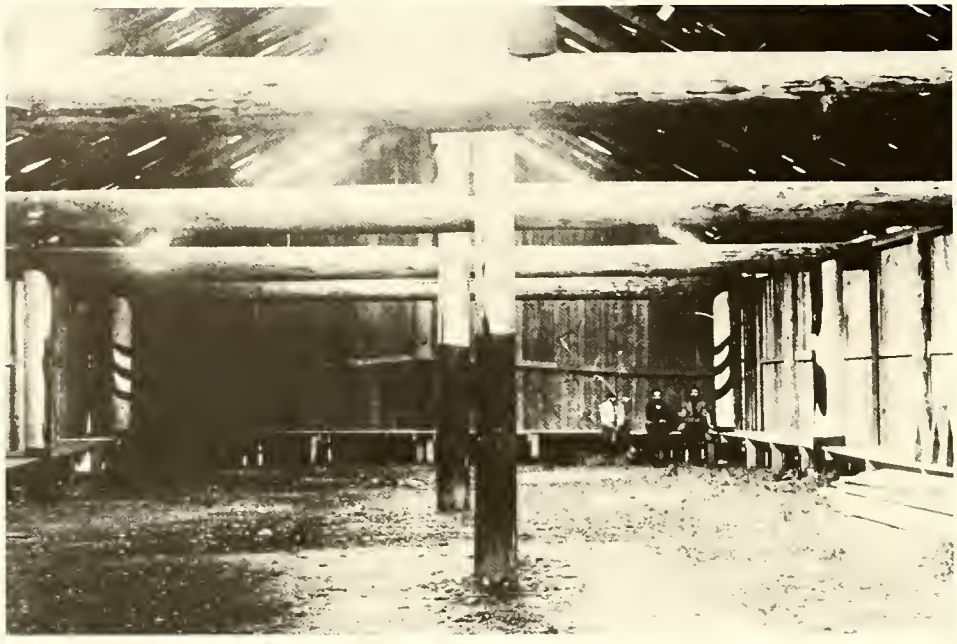
Another illness results from a shaman finding another's spirit partner so attractive that he or she steals it from its human, who then becomes ill. If a more powerful shaman cannot retrieve the spirit or replace it with another, the person will die.

Another illness results from the theft of breath by a spirit, shaman, or deceased loved one. Since the very word for life derives from the word for breath, such a theft leads to death, either quickly if that is what the perpetrator wants or lingeringly if revenge or suffering is the intention. Breath is somehow linked with the soul, so the delay in death seems to relate to the time allowed for the soul to wander to the land of the dead, where it becomes a ghost. After death, all possessions are distributed because any memento might make a relative fixate on the deceased and thus become a prime candidate for being killed by an ancestor. The dead cannot help that they kill their descendants because they are believed to be lonely in the land of the dead and have very little else to do.

Indeed, the dead are more significant in the lives of the Lushootseed people than anything else except the spirits. Living in close and caring communities, the bonds of the flesh, like those of the spirit, continue beyond the grave. In the same way that only shamans can

INDIAN SHAKER CHURCH
IN MEMORY OF
JOHN SLOCUM
SQU-SACHT-UN
DIED NOV. 11, 1897, AGE 59 YRS.
FOUNDER OF INDIAN SHAKER CHURCH
OF WASHINGTON.
BEFORE I CAME ALIVE I SAW
I WAS A SINNER
ANGEL IN HEAVEN SAID TO ME,
YOU MUST GO BACK AND
TURN ALIVE AGAIN ON EARTH
I LEARNED I MUST BE GOOD
CHRISTIAN MAN ON EARTH
OR WILL BE PUNISHED

The Slocum tombstone bears the image of a Shaker altar. The monument reads: "Before I came alive, I saw I was a sinner. Angel in heaven said to me, 'You must go back and turn alive again on Earth.' I learned I must be good Christian man on Earth or will be punished." John Slocum died in 1897 at the age of 59. Mary Slocum died in 1919 at the age of 78. Her tombstone (in foreground) reads: "Through John Slocum came the word and her life brought the medicine." "Medicine" refers to the "shake" so distinctive of the religion. (Photograph courtesy of the author.)



Interior of a plank house as decorated for the Recovery Rite

(Courtesy of Lushootseed Research)

remain in contact with the spirit powers, so too can they make contact with the dead. To do so, they engage in one of the most impressive and meaningful ceremonies of Native North America and the world.

Recovery Rite

Although described as the Spirit Canoe Ceremony in the academic literature of fifty years ago, this ritual is more properly called the Recovery Rite. Last held in the winter of 1900, the ceremony is now only vaguely known to Lushootseed elders. Yet, at various times over the past century, missionaries, scholars, and visitors have provided glimpses of the rite.[7]

The Recovery Rite is unique because it is one of those rare times when shamans work together. Their purpose is to enact a journey to the land of the dead, to confront supernatural forces, to regain a soul, and return the essence to the patient. Only the Midewiwin (Shamans Academy) of the Great Lakes tribes involves a comparable cooperation among shamans, and its modern procedures can only be traced to a religious revival in 1700.[8]

The Recovery Rite epitomizes and validates the main features of Lushootseed culture in a community setting, requiring weeks of preparation during the coldest months of the year. For balance, an even number of shamans—usually four or six—co-officiated. Only shamans with a special power could safely journey to the afterworld, and almost all of the shamans were

men. The rite occurred at midwinter because everything in the afterworld was the reverse of the land of the living. When the earth was covered with snow, there was summer in the land of the dead; the trails were lined with flowers, and the climate was warm. Similarly, day was night, high tide was low, and broken objects were whole.

Everyone in the community prepared. Women cooked food and cleaned the house, men hunted, and children ran errands. The shamans—or the shaman associated with the house—went into the woods and selected a large cedar tree, which was cut down and taken to a convenient location near the community and split into planks, each shaped into a particular form, with either a rounded top, a snout, or a disk. Every drainage had its own style of plank. For example, the Snohomish cut out the snout because they traced descent from a legendary cetacean.

Each plank was first coated with a chalky white layer of paint, then thick black outlines were drawn along the edges. The day before the ceremony, each shaman was assigned a plank to paint with an image of his power in the very center, colored in combinations of red, white, and black. Red or black dots—representing the song that linked shaman and spirit—might surround the figure. Since humans were alien in the afterworld, whenever they sang or talked, their breath escaped as bubbles through the engulfing viscosity. In addition to the planks, the shamans made or were given poles that had multiple purposes during the rite, variously serving as bows, punt probes, spears, or paddles.

The men pretend to paddle with their poles.

(Courtesy of Lushootseed Research)

Every shaman carried a carved humanoid figure, about three feet tall, expressing his special power. Before a Recovery Rite, each figure was repainted and dressed, if appropriate, to look its best. These figures represented beings called Little Earths, primordial forest spirits. When the little Earths heard the songs of the Recovery Rite, they would run to help the shamans as they departed for the land of the dead.

During the Recovery Rite, spectators sat quietly along the walls of the house. The victim rested on a cedar mat at the rear of the house. Shamans and their helpers lined up outside, ready to march in and set up the paraphernalia for their odyssey. The entire journey to the underworld might be undertaken in

the house and adjoining lands, over a period of several hours or days, with spectators participating in the roles of spirits.

To the sound of drumming and singing, the procession of shamans entered the house. Each wore face paint and cedar bark headbands. Each carried his Little Earth, followed by an assistant with a painted plank. Sometimes, the planks were held so that they appeared to peek inside the door before entering. The Little Earths formed a line down the center of the house, with the shamans on the sides. The helpers arranged the planks along the sides so that each shaman faced the image of his spirit power. The boards at the ends were painted on one side only, while those in the middle were painted on both sides. In this manner, the images look at each other and provided protection for the shaman both front and back. When the schematic vehicle was constructed in the middle, the shamans returned to stand in the cubical space between each board. Then they were off. They had to hurry because, in Lushootseed belief, any illness was a prelude to death, not a temporary disability.

The men use their poles to lift the daylight.

(Courtesy of Lushootseed Research)

The Odyssey

At the first stop, shamans visited a land filled with artifacts, each of which sang a song. Moving among the artifacts, the shamans repeated and learned each song, for knowing them would help the travellers use their tools more efficiently. Artifacts themselves represented the full cooperation of natural products, human resourcefulness, and spiritual inspiration. The manufacture of good and useful items required supernatural assistance. During this first encounter with the "other side," all were reminded that the spiritual aspects of existence were the most important. It was a logical beginning place for such a journey, and for life in general. Thereafter, the shamans made routine stops to gather power, assess the future, and collect information.

The group eventually reached a supernatural thicket where the berries were hopping about in the size and shape of human babies. Since everything was believed to have an essential human form under the cloak of its species or appearance, this visit was a reminder of the common humanity of life. The shamans tried to pluck a berry

or two with their poles. Their clumsy antics created much humor for the audience. If the shamans managed to get even one, there would be a plentiful berry harvest in the fall.

Continuing on, they came to a lake where their vehicle was reconfigured into a flat canoe. Since deep lakes were and are the abodes of powerful spirits, another source of power was encountered. Indeed, the shaman with an otter spirit called out its name to speed the canoe across the water. Also, the voyagers celebrated the wide variety of foods provided by lakes and marshes.

Next, the shamans approached a wide prairie where they used their poles as bows and pretended to hunt meat. If they were successful, the fall game would be plentiful.

Next, they came to Mosquito Place where they were attacked by insects the size of birds. They fought vigorously with their poles, for a sting would be fatal. In the spirit world, mosquitos were shamans because of their ability to suck blood, an important aspect of healing. The encounter was a test of shamanic ability.

Moving on, they entered Beaver Den, where they used their poles as hunting spears. If they killed a beaver, the furs would be of high quality the next year.

After traveling most of the night, the shamans went on to meet the Dawn. The appearance of light added to the heaviness of their thick surroundings so the shamans had to pause to "lift the daylight" with their poles high over their heads. Because dawn has different intensities, they had to lift five times—the sacred pattern number—in order to pass safely beneath the light.

The men fight off the ghosts with bows and arrows while a boy in the back holds a Little Earth to protect the shamans.

(Courtesy of Lushootseed Research)

After this exertion, they rested all day long (night in the land of the dead), preparing to resume the next evening.

The next difficulty was a raging river with collapsing banks and rushing boulders. The shamans held a quick conference and decided to tip up one end of a plain cedar plank so that each of them could walk up it and jump across the river, using their poles to vault. A shaman was most vulnerable at that moment because a weak spirit or a lingering grudge might unbalance him. If a shaman slipped or fell, he died within a year.

Now the party was close to the first

land of the dead. At this point, the shamans might move to the nearest human graveyard. The canoe was beached nearby. While a few shamans reversed the planks and figures so they could head back home, the rest went along the trail to the town. There they might encounter a ghost (played by a spectator), out picking berries. A ghost could be identified because he or she walked by crossing and recrossing the feet. The shamans, pretending that they too were ghosts, asked for news and learned the name and residence of the newest occupant.

Then the shamans killed the ghost and buried it in a shallow grave. This was possible because there were at least two lands of the dead. The first was inhabited by the dead who were still remembered by the living. When all memory of life was gone, ghosts could die again and pass to the second land of the dead. From there, according to some shamans, they could be reborn into a descendant and start living again. The cycle was endless.

By learning from the ghost what they were after (a soul, spirit, or mind), the shamans planned their strategy for when they got to the town. The most powerful shaman, acting like a ghost, entered the house occupied by the patient's vitality, quietly leading it away. The other shamans joined them and rushed to the vehicle. Once they had pushed off, a shaman "threw his meanness" at the ghosts, who swarmed from the houses. Apparently, by successfully fighting for the lost spirit, the shamans were able to keep it. If they merely lured it away, the ghosts could take it back.

In some towns, this battle between shamans and ghosts was enacted with long flaming splinters shot at the shamans by youngsters acting the part of the ghosts. If a shaman was hit or burned, he died within the year. Since the enactment took place at night, often inside a house, it was both dramatic and fraught with danger because of the hazard of fire in old wooden buildings.

Speeding home, the shamans paddled hard while the Little Earths provided protective powers. Sometimes, a short cut might reduce the time from two days to a few hours.

When the shamans arrived, quivering with power, the patient was still lying quietly on a mat in the back of the house. The most powerful shaman came forward with the missing vitality and acted as though he were pouring it into the head of the invalid. Slowly at first, then with renewed vigor, the victim began to sing his or her power song and recover.

Sometimes, shamans saw the souls of other people, seeming well but soon to sicken, in the land of the dead and these too were brought back and restored. The patients liberally compensated their healer.

Everyone in the house then heard about future conditions. Any berries, meat, or artifacts brought back were given out to families who might need them. Usually, berries went to the women, since picking was their job. At least once, a baby was brought back to a childless woman, who gave birth nine

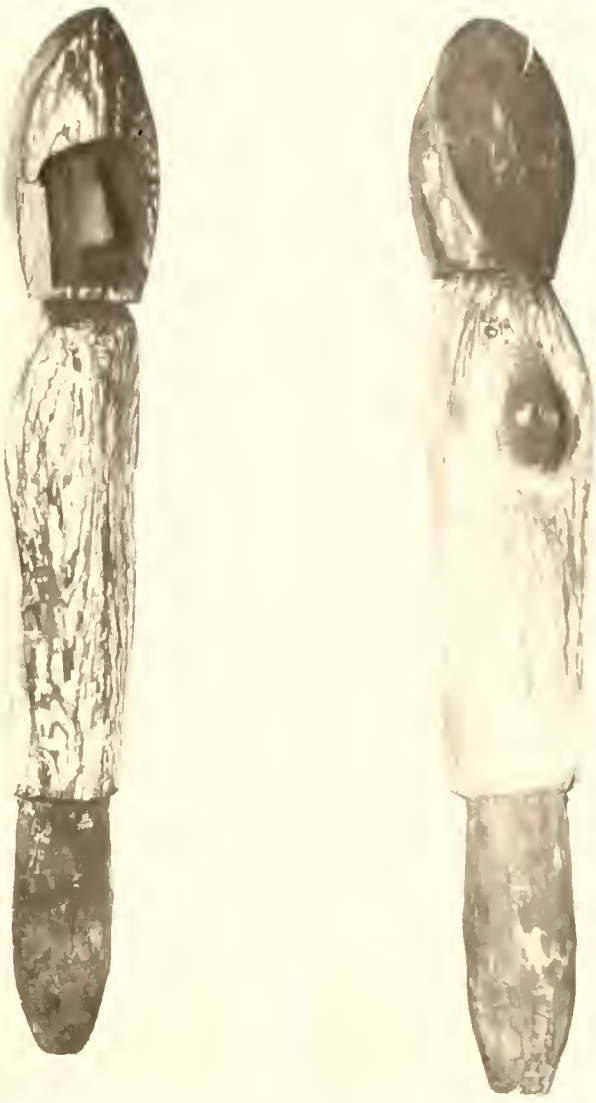
months later. Other predictions were also made, either to delight or to warn the participants.

The Odyssey in Cultural Context

Although the shamans might rest briefly, their paraphernalia had to be dismantled to close the route to the afterworld. The planks were taken into a remote area of the woods to rot and return to their elements. Only in the most dire of circumstances could boards be reused for an immediate return to the land of the dead and only when accompanied by special songs. Having made the journey once, the boards were considered contaminated and unsafe. The poles may have also been abandoned, but some seem to have been reused in later rites. Only the Little Earths were carefully scrubbed free of their paint and hidden away in special places in the woods, often in a hollow tree. There they awaited the next ceremonial use. Only when a shaman died was his or her Little Earth left to rot in the forest.

Among the traditions of shamanism, world religions, and comparative medicine, the Recovery ceremony has a special place. Not only was it a community-wide and dramatic cure, but it also featured several shamans working together for the greater good.

Over the past two centuries other American tribes have developed similar religious means for their shamans to cooperate for the benefit of the community. The Indian Shaker Church is one example from the Northwest, but other regions have their own solutions. Yet the Recovery ceremony is clearly ancient in some form so the region



Carved figure of a Little Earth. After the Recovery Rite, the Little Earths would be hidden away, perhaps in a hollow tree.

(Courtesy of Lushootseed Research)

must somehow account for its existence. Clues to contributing factors can be seen when the Northwest is compared to other sections of Native North America during historic times. For example, other cooperative rituals were developed by tribes who were refugees from the East Coast. After European colonists uprooted these natives and threw them together to fight for their own survival, communal shamanism was one consequence of their new cohesion. Such intensified intertribal contacts led to solutions similar to those that were ancient in the Northwest.

In Puget Sound, moreover, exactly these intertribal contacts were long an aspect of social, political, and religious complexity. Important leaders fostered these interchanges at their feasts, namings, marriages, funerals, and winter dances. These activities in turn had repercussions throughout the larger environment and enabled spiritual connections to be made that facilitated the elaboration of the Recovery Rite:

> The virtue of the Northwest in terms of the rest of Native America, therefore, is that its mechanisms for coping with diversity previewed what was to come when tribes, particularly in the East and Plains, were thrown together and had to arrange their own mutual survival. Its dense vegetation, reliable surplus (foods), and extensive network of waterways fostered the kind of hospitable exchanges that have enabled other native cultures to survive in the most oppressive circumstances. It shared a common ancestry with the rest of North America, but then differentially emphasized some features to develop its own pattern. After contact, similar configurations emphasizing sharing and cooperative rituals also proved helpful elsewhere in Native America.

■

Notes

1. Hermann Haeberlin and Erna Gunther, *Indians of Puget Sound* (Seattle: University of Washington Press, 1953).

2. Marian Smith, *The Puyallup-Nisqually* (New York: Columbia University Press, 1940).

3. Pamela Amoss, *Coast Salish Spirit Dancing: The Survival of an Ancestral Religion* (Seattle: University of Washington Press, 1978); Wolfgang G. Jilek, *Indian Healing: Shamanic Ceremonialism in the Pacific Northwest Today* (Surrey, British Columbia: Hancock House Publishers, Ltd., 1982).

4. Amoss, "The Indian Shaker Church," in *Handbook of North American Indians; Volume 7: Northwest Coast*, ed. Wayne Suttles (Washington, D.C.: Smithsonian Press, 1990), pp. 633–39.

5. Jay Miller, "The Matter of the (Thoughtful) Heart: Centrality, Focality, or Overlap?," *Journal of Anthropological Research* 36 (1980): 338–42.

6. I once saw a plastic bowl filled with water used to drown an "evil" spirit who had been sent to harm a young boy. The precaution had as much to do with the tender age of the victim as with the strength of the intruder.

7. Jay Miller, *Shamanic Odyssey: The Lushootseed Salish Journey to the Land of the Dead*, Anthropological Papers 32 (Menlo Park, CA: Ballena Press, 1988).

8. Harold Hickerson, *The Chippewa and Their Neighbors: A Study in Ethnohistory* (New York: Holt, Rinehart and Winston, 1970).

9. Miller, *Shamanic Odyssey*, p. 195.

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He is the author of more than thirty articles, twenty chapters, ten edited collections, and five books. He has conducted anthropological research throughout North America, particularly among New Mexican Pueblos, Oklahoma Delawares, British Columbia Tsimshian, Washington State Salishan, Nevada Numic, Oklahoma Creek (Mvskogee), Oklahoma Caddo, Ontario Ojibwa, and Wisconsin Menomini.

This article is an aspect of a larger study, now in process, of Coast Salishan culture. It is intended to complement his earlier monograph on the Soul Recovery Ceremony.

MEDICINE MAN DANCER

Casein on paper, undated
Copyright, Adelheid Howe
Private Collection

(Courtesy of the College of Fine Arts, University of South Dakota)

Oscar Howe: Images of Native American Life and Death

From his days as a struggling Yanktonai youth through his recognition as a major American artist, Oscar Howe dedicated his life to the documentation of his Sioux heritage. Indeed, he served as a great "barterer" between the Native and white cultures, illuminating the values of South Dakota's Native heritage through contemporary visual images. Howe's works are full of a mystery and dignity that reflect both the Sioux tradition inherited from his youth and his subsequent study of that culture. His artistic vision challenged the twentieth-century art scene.

Early Years

Oscar Howe (Mazuha Hokshina—Trader Boy), a full-blooded Yanktonai Sioux, was born on May 13, 1915, at Joe Creek, South Dakota, on the Crow Creek Indian Reservation. His distinguished ancestry included several Yanktonai chiefs who had negotiated treaties in pre-reservation times. Howe's childhood, rich with the traditions and stories of the Sioux nation, was an inspiration drawn upon throughout his life.

At age seven, Howe was sent to the Pierre Indian School in the capital city of South Dakota, where he encountered a harsh educational system bent upon assimilation. He was graduated in 1933, and went on to high school at the Santa Fe Indian School. Santa Fe offered the aspiring artist his first formal training in art. He acquired not only the lessons that set him upon a lifelong artistic career but also extraordinary national and international recognition. Before graduation as Salutatorian in 1938, he exhibited paintings at the San Francisco Civic Center and the Gallery for Living Artists of the Brooklyn Museum. His works also travelled to London and Paris.

In the Depression years, Howe briefly taught art at the Pierre Indian School in exchange for room and board before joining the Federal Artists Program of the Works Progress Administration (WPA). At the outbreak of World War II, he was drafted into the United States Army, serving in Europe until his honorable discharge in 1945.

University Training

Making use of the G.I. bill, Howe enrolled at Dakota Wesleyan University in

by John A. Day

Mitchell at the age of thirty. His years there were full and rewarding. Among many honors were the Harvey Dunn Medal of Art and the designation "Artist Laureate of the Middle Border."

Howe graduated with a bachelor's degree in art in 1952, and the following year became Director of Art at the Pierre High School, a position he held until 1957. During that time, he earned the master of fine arts degree from the University of Oklahoma, an accomplishment that set him apart from most of his Native American peers and qualified him to teach at the university level. Graduate education offered the additional incentive of connecting his artistic vision more directly with the mainstream of contemporary art and, consequently, helping to define his mature style.

In 1957, Oscar Howe joined the art faculty at the University of South Dakota, Vermillion. That appointment coincided with new acclaim. In 1960 he was named Artist Laureate of South Dakota and was elected a fellow of the International Institute of Arts and Letters in Geneva. He received more than fifteen grand or first prize awards, as well as the Waite Phillips trophy for Outstanding Contributions to American Indian Art from the Philbrook Art Center of Tulsa. He was the first recipient of the South Dakota Governor's Award for Creative Achievement and the holder of three honorary doctorates.

Ill health plagued Howe in his later years, however, and in 1980 he retired with the title Emeritus Professor of Fine Arts. He died in Vermillion at the age of sixty-eight on October 7, 1983. Art critic Frederick J. Dockstader hailed him as one of the five foremost Native American artists.[1]

Tahokmu

Howe's style evolved from traditional imagery. His early work stressed the flat, two-dimensional, linear technique associated with quill and beadwork. For Howe, line was, in the traditional Native belief, "symbolic of unrelenting truth and righteousness."[2] Of particular ongoing importance to the artist was the legend of the spider web, or *tahokmu*, which speaks to the birth of art among the Sioux. The *tahokmu* centers on a youth who awakens to see the world through the complex structure of a dew-covered spider web, thereby becoming holy to his people as an artist-seer. The *tahokmu* pattern is comprised of intersecting triangles that form a six-pointed design denoting earth, sky, and the four cardinal points. To a large extent, Howe based his mature abstract style upon the aesthetic points of the *tahokmu* and the lines that connect them in seemingly infinite variations. This was a process of creation that struck many as mystical but to the artist signified a connectedness with heritage.

Western Murals

Howe's *oeuvre* included several mural paintings that established him as a fine craftsman capable of creating large and demanding projects. Howe's initial ambition to execute murals came during his years at The Studio in Santa Fe, where large-scale paintings were much encouraged. This interest was advanced when Howe returned to

CALLING ON WAKAN TANKA

Casein on paper, 1967
Copyright, Adelheid Howe
Collection of the University of South Dakota

(Courtesy of the College of Fine Arts, University of South Dakota)

DOUBLE WOMAN

Casein on paper, 1971
Collection of Adelheid Howe

(Courtesy of the College of Fine Arts, University of South Dakota)

South Dakota and became a WPA artist. His first WPA mural was *Sun and Rain Clouds Over the Hills*, created on the interior dome of the Carnegie Library in Mitchell (currently the Oscar Howe Art Center). That work earned him the opportunity to attend a short mural painting workshop conducted by Olaf Nordmark at the Indian Arts Center in Lawton, Oklahoma. An important commission followed at the new auditorium at Mobridge, South Dakota: the large ten-panel mural project featuring *Ceremonies of the Sioux* and *History Along the Mississippi*.

Subsequently, Howe went outside his native state to create murals in Nebraska City, Nebraska, and Hinsdale, Illinois. The true impact of his training as a muralist, however, was to be found in the exceptional work he did over a period of more than twenty years for the world-famous Corn Palace in Mitchell, South Dakota. There, the artist gained popular acclaim while proving himself capable of managing materials and techniques that would have overwhelmed a lesser talent. The annual Corn Palace murals reflect both the artist's creative zest and his ability to supersede imposed limitations—true measures of his professionalism and vision.

Choice of Medium

As a student at the Santa Fe Indian School, Howe learned the importance of using high-quality materials and executing works with a view towards their longevity. He searched for an ideal medium—one that was long-standing, stable in color, and had the executive quality of those used in hide painting. After experiments with tempera and various binders, Howe settled on casein, a milk-based paint. In casein he found a time-honored medium that traced its roots to the paintings of ancient Egypt. In its modern synthetic form, casein offered the artist a fluid but substantial paint with bright, true color, an impervious surface, and a natural affinity for linearity and untextured surface. From approximately 1964 onward, Howe worked primarily in this medium, which he found to be close to the quality of the paint used by his ancestors and flexible enough to allow him to achieve his own personal technical goals.

Themes of Health and Healing

The paintings selected for this article demonstrate the artist's interest in the themes of life and death, especially the roles of mediators between the two realms. Howe was especially interested in the image of medicine men. From youth, he knew these healers as people who possessed special songs and rituals. As a mature man, he appreciated and respected the status medicine men held in Native communities—a role, as Thomas H. Lewis maintains in *The Medicine Men: Oglala Sioux Ceremony and Healing*, that parallels and complements modern medical practice.[3]

In *Sioux Burial*, for example, the artist depicts the rituals of burial, in which mourners dress in tattered clothes, signifying humility, and practice self-sacrifice in pursuit of spiritual guidance. The kneeling male figures in the foreground demonstrate their grief by

MEDICINE MAN

Casein on paper, 1970
Copyright, Adelheid Howe
Private Collection

(Courtesy of the College of Fine Arts, University of South Dakota)

piercing their skin with thongs attached to buffalo skulls commemorating the dead; the mourners thus affirm that the spirit of the deceased remains near the living.

Calling on Wakan Tanka stresses the synchronistic relationship between the human and all other dimensions of existence. The work also speaks to the rich symbolism of communication between the physical and spiritual worlds. Within such a construct, magicians, holy men, and medicine men held especially significant positions.

Conclusion

The legacy of Oscar Howe is evident in numerous testimonials. Through such commentaries comes a portrait of a strong and gifted man who set Native art on a new path of professionalism and individualism while maintaining a commitment to traditional values.

Frederick J. Dockstader has praised Howe's "great strength and development, originality and expression, remarkable sense and innovation" and "fierce individualism." Howe's influence, as Dockstader wrote, "cannot be overstated."[4]

Even beyond the sphere of art, Howe has served as an icon for his contemporary native state. When the University of South Dakota Press attempted to indicate the scope of a 1989 book titled *South Dakota Leaders*, it chose as subtitle *From Pierre Chouteau, Jr., to Oscar Howe*.[5]

SIOUX BURIAL

Casein on paper
Copyright, Adelheid Howe

(Courtesy of the College of Fine Arts, University of South Dakota)

Oscar Howe, 1915-1983

(Courtesy of the University of South Dakota Archives)

Notes

1. Dockstader, "Oscar Howe: The Liberation of Indian Art," *Gilcrease Magazine of American History and Art,* Oct., 1982, p. 24.

2. Quotation by Oscar Howe, as cited in Mildred Solady, *Oscar Howe: Artist Laureate of the Middle Border* (Mitchell, SD: n.p., 1968).

3. Lewis, *The Medicine Men: Oglala Sioux Ceremony and Healing* (Lincoln: University of Nebraska Press, 1990), p. 48.

4. Dockstader, p. 24.

5. Larry J. Zimmerman and Herbert T. Hoover, *South Dakota Leaders: From Pierre Chouteau, Jr., to Oscar Howe* (Vermillion: University of South Dakota Press, 1989).

John A. Day has written and lectured widely on the art and life of Oscar Howe. He holds a Master of Fine Arts degree in sculpture from the University of Notre Dame. He is currently Dean of the College of Fine Arts at the University of South Dakota and Director of the University Art Galleries. Among the galleries is the Shrine to Music Museum, which contains the Oscar Howe Gallery, the largest single collection of the artist's work. Day has curated more than twenty-five exhibitions of Howe's work, including the artist's 1981–1982 retrospective, which toured nationally.

The Healing Arts and the Illinois Indian Tribe

French military officers of the early eighteenth century offered eloquent testimony to the merits of Native Illinois medicine when they demonstrated a preference for Illinois shamans over French surgeons. Historian Natalia Maree Belting has concluded that although the French generally had little understanding or appreciation of Native American culture—and "were likely to brush off [what they did not understand] as superstition and trickery"—"more than one of them wrote some good friend in Paris that he much preferred Indian medicine, superstition and all, to the medicine practiced by the surgeon of the nearest French garrison."[1] Illinois healers attracted Europeans primarily because they did not employ venesection. The Illinois' healing arts also satisfied the tribespeople, of course, and tribal healers were sufficiently successful to support the tribe's steady growth in population prior to the arrival of the French.

Background

By the early seventeenth century the Illinois had organized themselves into a dozen or more associated subtribes. So successful were the subtribes that there was a growing movement for independence. After the European invasion, however, that movement was not only halted but reversed, with population losses resulting in only five subtribes surviving into the 1700s in the area roughly comprising the present state of Illinois—the Cahokia, Kaskaskia, Michigamea, Peoria, and Tamaroa.[2] The capacity of Illinois (or European) medicine to cure the sick was insufficient to protect vulnerable Native Americans from the contagions introduced by Europeans, and as a consequence European disease constituted one of the more important factors in the disastrous Illinois population decline.

Although estimates for Native American populations are vigorously debated, the total Illinois population was probably at least 12,000 in 1680.[3] Working with a base population of 10,500 in 1680 (which did not include the Michigamea), anthropologist Emily J. Blasingham calculated that the Illinois were reduced to about 60 percent of this population in 1700, and just 25 percent in 1736.[4] By 1833 the last Illinois, along with mixed-blood relatives, left the state. The role played by disease in

by Raymond E. Hauser

Location of Native settlements in 1673

(Courtesy of the Illinois State Historical Library)

this depopulation elevates the state of the healing arts as a scholarly issue during the fifty-year period following the Marquette and Jolliet expedition of 1673, the first recorded visit by Europeans to the Illinois country.

Illinois Medicine

The Illinois word for medicine, according to the dictionary compiled by Jean Baptiste Le Boulanger during the earlier decades of the eighteenth century, was *"makiski8i."* Editor Belting has concluded that the dictionary in fact is "in the Peoria dialect of the Illinois language" and that, according to linguist C. F. Voegelin, the "symbol -8- which appears frequently [in the dictionary] has been assumed . . . to represent -w- in prevocalic position . . . [and], -o- in other positions." The compilers, she noted, "rarely used diacritical marks with either the Peoria or French words."[5]

Native Americans maintained a much broader definition of medicine than do Americans today, according to the foremost authority on the subject, historian Virgil J. Vogel. "Medicine signified an array of ideas and concepts," Vogel observed, "rather than remedies and treatment alone."[6] The Illinois blended the supernatural and the natural, and so their medicine included supernatural power as well as specific remedies for injuries caused by such obvious agents as arrows or rattlesnakes; the Illinois also attributed internal problems to supernatural causes. Healers, therefore, were priests as well as important tribal leaders, at times even village chiefs.

Both Illinois medicine men *("Ireni mite8a")* and medicine women *("mitec8e")* served the Illinois as curers. The bias of French missionaries is observable throughout their records, but most obviously in their references to healers as *"jongleur"* and *"jongleuse"* ("jugglers").[7] Some shamans were said to "meddle with divining and with speaking to the devil."[8] Pierre Deliette, who lived among the Illinois from 1687 to about 1698, stated: "Almost all the old men are medicine men and consequently healers." Those elders, at least forty years of age and therefore past the time when they might have functioned as warriors, reportedly took up healing as a means of providing for themselves and their families. Deliette observed that few young men became shamans because pursuit of the profession might be seen as evidence of a lack of valor or bravery.[9]

Shamans employed their connection to supernatural power while treating illnesses by calling on their personal manitous, *"onemerichi8aki,"* to intervene on behalf of the afflicted. (The words *"les manitos"* appeared in the *"jonglerie"* section of the Le Boulanger manuscript, where Belting found "a list of terms used by the medicine men.")[10] All Illinois expected to obtain the protection of a manitou, interpreted by anthropologists as the "generalized essence of supernatural power," when, apparently at the onset of puberty, both males and females engaged in a dream fast or vision quest experience. Without eating or drinking, they patiently waited for evidence that a particular supernatural power, often represented by an

animal or part of an animal, had selected them for protection.[11] Manitous included buffalo, bear, deer, cat, lynx, bird, serpent, and wolf[12] Manitou power was transitory and was measured in terms of success or failure. To repel disease or obtain and maintain power for the medicine or cure, healers offered sacrifices, including dogs and other animals, to a manitou.[13] The shamans would also sing to their manitous and offer feasts.[14]

Shamans employed various healing equipment, including medicine pouches, special clothing (such as bearskins), and rattles (called *"chichicoya"* or *"chichic8e").* The rattle, according to Deliette, was made from "a little gourd from which the inside has been removed and into which they put some grains of little glass pearl, and they run a stick through it from the top to the bottom, letting one end project a foot to hold it by. This, when shaken, makes a loud noise."[15] The medicine pouch contained leather envelopes filled with herbal medicines and fetishes representing the protective manitou.[16] The medicines themselves consisted of the powder crushed from "some roots and leaves of herbs."[17]

Causes of Disease

Various Frenchmen referred to activities of medicine men that might be taken as evidence of witchcraft or sorcery, such as shamans' threats to "cause . . . death by blowing medicine upon [victims]," or that people "live only as long as we wish."[18] Father Pierre Francois Xavier de Charlevoix, who visited the Illinois country in 1721, offered the most detailed description of the practice. They "make small figures to represent those whose days they have a mind to shorten," he wrote, "and which they stab to the heart." He also reported that shamans "take a stone, and by means of certain invocations . . . pretend to form such another in the heart of their enemy."[19]

The Illinois regarded taboo violations as a cause of disease. Eating prey killed by a predator was especially serious. The Illinois breached this taboo when short of meat, however, and even shamans engaged in the practice.[20] The Miami believed that failing to observe certain religious feasts could lead to disease.[21] A sort of spirit intrusion involved evil caused by the souls of captive warriors tortured by the Illinois as part of raiding warfare practices. "When evening has come," observed Deliette, "everybody, big and little, knocks loudly with big sticks on the cabins and on their scaffolds in order, so they say, to drive away from their village the soul of the one whom they have killed."[22]

A Curing Treatment

Female relatives presumably offered initial care to the ill.[23] A serious illness, however, required a shaman.[24] Relatives prepared for a professional visit by displaying the fee that they were willing to pay for a successful treatment. They hung "in the cabin two or three kettles, a gun, or two blankets." Because the fee was directly proportional to the seriousness of the illness and the patient's capacity to pay, according to the French, the Illinois were convinced

"that the effect of the medicines administered to them is in proportion to the presents given to the physician."[25] The implications of an inability to pay were quite serious: *"Je te fais le maitre de mon corps dit au jongleur au malade qui n'a pas de quoit payer le med."* (I, who have nothing to pay for the medicine [or physician], make you the master of my body, said the patient to the shaman.)[26]

After displaying the shaman's fee, the family sent for the healer in whom they had the most confidence. When the shaman arrived, a family member asked him "to take pity on us and heal us. Here is what we had hung up for this." The shaman appeared uninterested in the fee being offered, although Deliette claimed it was the first detail noticed. The healer began to diagnose by questioning the patient. In the questioning, the shaman "asks him his ailment, and informs himself of all that has happened

"Drawing of Savages of Several Nations, New Orleans, 1735," by A. DeBatz

The family at center is described as "Illinois."

"A Savage in Winter Dress," by A. DeBatz

This drawing depicts dress for the lower Illinois Valley, in the vicinity of New Orleans.

since he has been attacked by it."[27] After completing the examination and considering the patient's answers, the curer left for his own cabin in order to retrieve the medicine pouch and rattle.[28]

The shaman, upon returning, spread out herbal remedies, shook the rattle, and loudly chanted the curing song.[29] The power for the herbal cure was attributed to the shaman's manitou, who had "revealed this remedy . . . and has told me that it was good." Then the healer named the illness and declared that "whoever has it [the medicine] administered to him will be healed." For some thirty minutes, regardless of the state of the patient, the curer repeated those claims, sang, shook the rattle, and danced in "frightful contortions."[30] In the case of a serious illness, the shaman administered a warm water drink containing five or six herbs. The medicine man might also spit the same medicine on an injury before bandaging it.[31]

During the ensuing recovery period, the shaman would visit his patient at least twice a day and repeat the treatment but omit the song. The song would be introduced again when the patient displayed either worsening health or recovery.[32]

Improvement in the patient's condition would encourage the medicine man to employ the sucking cure. The shaman would declare "in his song that his manitou is the true manitou, who has never lied to him, wherefore, thanks to the promise which the latter has given him by night in his dreams, he is about to heal his patient by extracting the cause of his ill."[33] After having the patient identify the site of the pain, according to Le Boulanger, the healer "fingers it carefully,[34] and then all of a sudden throws himself mouth down upon it, crying out as if he were mad."[35] (The patient would not react to being bitten because he wanted to be regarded as brave.) The shaman would then dramatically withdraw from his mouth a dog's claw, for example, or an eagle's talon, which he announced as the cause of the illness. A patient who had violated the prohibition against eating a wolf's kill would certainly have been impressed when shown a wolf's claw.

Although Deliette was contemptuous of other healing procedures, he was most impressed with the sucking cure. "However full of pus a wound may be, they clean it out entirely without inflicting much pain," he wrote. The shamans began with "the precaution of putting a little powder in their mouths; but when they have drawn off the worst of it [the pus], they no longer do so, but continue to suck at the wound until it appears ruddy." The treatment was completed by spitting medicine on the wound and then applying a bandage around but not over it in order "to let it suppurate." At night they covered the wound with the bandage.[36]

Finally, the shaman would sing a long song, accompanied by the rattle, in which he would acknowledge his debt to his manitou for the fee he was about to collect. After the curer bathed the patient, the grateful relatives "arise and pass their hands over his head and legs, as sign of profound gratitude." As the medicine man collected his fee and

***"Medicine Dance of the Winnebagos," from Henry Schoolcraft's* Information Respecting the . . . Indian Tribes of the United States**

prepared to leave, grateful neighbors might offer him "all that is best in the village," but he left without a word.[37]

Specific Treatments

Evidence of skepticism permeates the reports of such French officials and missionaries as Deliette and Le Boulanger. At the same time, however, various authorities placed confidence, and at times misplaced it, in Illinois "simples" or herbal medicines. The most impressive testimony of French faith in Illinois medications, however, is an unsigned memoir, dated 1724, that lists prescriptions for several ailments.[38]

Although many French writers described complaints, few offered remedies.[39] Detailed information is available primarily for the complex treatments involving childbirth, wounds, dental problems, and snakebite. Women delivered their babies in the small menstrual cabins constructed

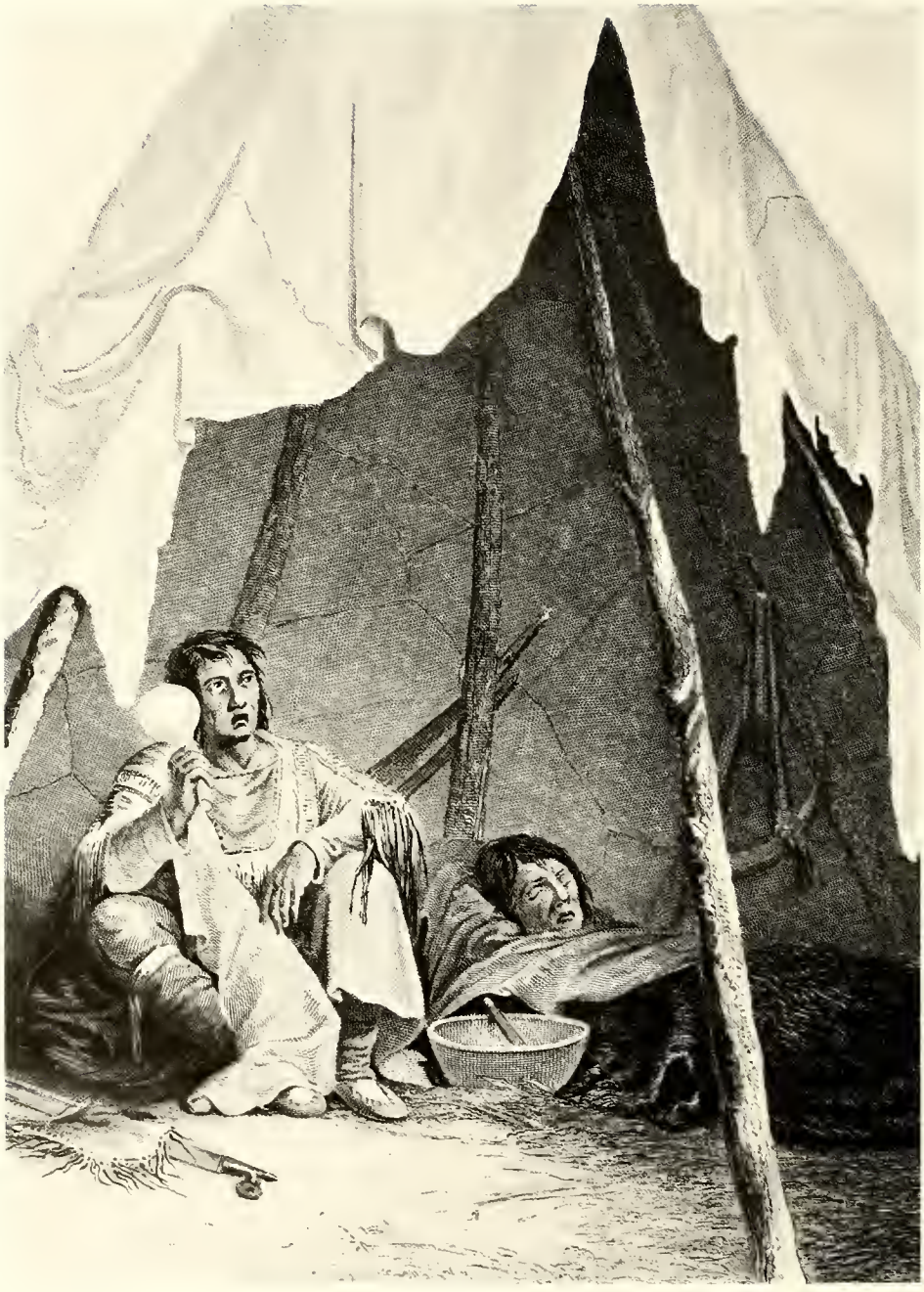
opposite their homes. For pain, ginger root (Asarum) was prescribed, but Deliette also noted a particular treatment for "painful [probably prolonged] childbirth." As he wrote: "forty or fifty young men make a descent upon the cabin in the most unexpected manner, uttering cries like those they make when they attack their enemies, shooting off guns, and striking heavy blows upon the cabin, which brings about immediate delivery."[40] A woman who was "not entirely delivered" might be offered a warm water concoction in which were steeped sumac leaves, berries, and "Pallaganghy [root], which is to say Ocre."[41]

Bullet or arrow wounds through the body required a complicated treatment that constituted the only recorded surgery performed by shamans—an incision below the wound into which the healer poured a mixture of herbal drugs and warm water. Attendants then rocked the patient from side to side in order to "make him throw out all this water through the opened place along with a quantity of clotted blood which would suffocate him without doubt if by this means they did not get it out." The healers completed the procedure by spitting herbal medicines on the wound and bandaging it. Deliette reported that he had seen two men cured by such surgical treatment.[42]

Deliette and the 1724 memoir identify a variety of herbal medicines. Sumac leaves, berries, and Pallaganghy root, a popular remedy, was prescribed for those "wounded in the chest, head, or arm, and who lose much blood by the mouth." The "Ouissoücatcki" (Crowfoot Ranúnculus) root was administered to the wounded, as were "smaelier or Ebeaupin" bark, Onis root, leatherwood bark, young pine bark, and white oak leaf, bark, or root. Finally, a poultice made from an unidentified reed root was reputed to draw out bullets and other foreign objects embedded in the flesh.[43]

Le Boulanger identified difficulty with black or broken teeth and toothache, yet archaeological research at the Zimmerman site in Illinois found that "Dental pathologies were relatively rare."[44] For toothache the Illinois prescribed "bear spleen"; and for gum disease, "be it from *mal du Terre* [trench mouth?] . . . scurvy or other," they used a mixture of sumac leaf and Pallaganghy root directly on the gums. They applied masticated cherry tree bark to the gums as treatment for *mal du terre* itself. Extraction was available for serious dental problems.[45]

Even though rattlesnakes were quite numerous in the Illinois country, Deliette concluded that the Illinois were not concerned about being bitten because they possessed an effective herbal preventive. Although he searched for it, Deliette was never able to find the curing plant described to him by informants. "This root is found in the prairies and is shaped like an onion," noted Deliette. "The stem grows two feet high; the leaves are very narrow and somewhat resemble those of the sumac. It forms large buds in which the seed is lodged." Shamans reported that after rubbing their hands with the herb they could handle rattlesnakes safely.[46] The effectiveness of this herb, however, must have been exaggerated or erroneous.



***Classic drawing of Dacota healing, "A Medicine Man Administering to a Patient," from Henry Schoolcraft's* Information Respecting the . . . Indian Tribes of the United States**

Claude Jean Allouez, a French missionary, reported that rattlesnake bites "cause many deaths among them, as they do not know the antidote."[47] There is also evidence that the Illinois did not rely solely on the herb described by Deliette; shamanistic reptile manipulation was impressive to young warriors just because the snakes were so dangerous, because the shaman's female relatives ran away when they observed him working with his reptiles, and because the shaman had taken precautions even while working with defanged snakes.[48]

Several additional treatments for common and serious illnesses deserve attention. For various internal complaints the Illinois administered effective emetics and laxatives.[49] And the Le Boulanger dictionary does contain a leprosy entry, even though a researcher reported that there "was no lepra [leprosy]." Finally, the Illinois prescribed boiled leatherwood bark *(Dirca palûstris)* as a cure for cancer, but this disease was apparently rare among Native Americans.[50]

The Midewiwin

Several times each summer Illinois medicine men and women sponsored public ceremonies that they apparently referred to as *"mite8i8ni."* Deliette reported that the Illinois referred to the ceremonies as "the jesting . . . when they speak of them with the French because the latter protest against them." French priests did refer to these rites as *"jonglerie,"* but anthropologists employ the term Grand Medicine Society, Midewiwin, or Mide. The organization has been defined by an anthropologist as "an organized priesthood of men . . . and women . . . who had occult knowledge of 'killing' and 'curing' by use of herbs, missiles, medicine bundles, and other objects which had medicinal properties."[51]

Illinois shamans prepared for a ceremony by selecting a location in the village of at least a third of an acre, which they then marked with poles and "furnish[ed] with mats." Participating shamans, sequestered in a cabin belonging to one of their colleagues, planned their demonstration while waiting for the completion of the physical arrangements. The audience then took their seats in the enclosure. Marquette observed that berdaches, physiological males who filled a female role in Illinois society, attended all of these ceremonies just as they did calumet dances and council meetings, but he did not describe how they participated.[52]

The ceremony began when the shamans filed solemnly into the demonstration area. They arrived with "their dresses trailing, having their *chichicoya* [rattles] in their hands and carrying bearskins on their [left] arms." The Le Boulanger manuscript adds an intriguing element, *"cheveau de serpent."* The shamans then seated themselves on mats reserved for the purpose. One rose and, holding the *chichicoya*, chanted: "My friends, today you must manifest to men the power of our medicine so as to make them understand they live only as long as we wish."[53] At that invitation the other shamans stood up and, shaking their

chichicoya, chanted a response invoking the power of their personal manitous.[54] The participants took their seats again after the last speaker finished, but they continued to shake the rattles.[55]

Several of the shamans then rose and affected various physical ailments, some even appearing close to death. "Their eyes are convulsed," wrote Deliette, "and they let themselves fall prostrate and grow rigid as if they were expiring."[56] One shaman fell to the ground and arose "with an eagle's feather in his hand, the barbs of which are reddened and form a figure suggesting that he has been wounded" with it and saved only by his own treatment. Then, on the verge of attacking the audience, the angry shaman instead "shoots" the feather into the body of another shaman,[57] who falls to the ground spitting blood.[58] At once other members of the ceremony rush to the side of the afflicted, remove a feather that protruded from his mouth, and then spit medicine "all over his body."[59] Although requiring further treatment, the afflicted shaman was then returned to his cabin.

Back in his own home the ailing shaman was treated for poison. He was forced to consume "a quantity of drugs,"[60] and then as many as five or six shamans "pull[ed] him [back and forth] by the arms and legs," all the while "uttering loud yells." The comatose figure finally vomited water; and as he did, another member of the party threw a small rattlesnake into the vomit.[61] A shaman then displayed the snake to those in attendance and claimed that it was the manitou that had stricken the afflicted person, but that the healer's personal manitou was so strong that it overcame the weaker power of the evil reptile manitou.

In conclusion, "The whole assembly come like people filled with amazement to see this serpent and chant: 'Medicine is the science of sciences.'" This chant of the spectators is indecipherable today, unless it reflects Deliette's personal bias against the shamans and their ceremony. Deliette decided that the Illinois audience, who unlike him did not see the ceremony as the performance of actors, believed that the shamans possessed the power of life and death.[62]

The limited information available concerning the Grand Medicine Society probably reflects the Illinois' reluctance to share more of their ceremonies with the disapproving French. In other shamanistic societies, membership was voluntary but because not all shamans joined, anthropologists have come to label the Midewiwin a secret and restricted sodality.[63] Information concerning Illinois training for membership may have been limited to Le Boulanger's statement after *"jongler": "enseigne moi la jonglerie."*[64] The Midewiwin apparently originated with Algonquian speaking populations and then was adopted by Siouan speakers. Anthropologist Harold Hickerson is convinced that the ceremony was a postcontact development that dates to a time after 1680, although he acknowledges that the "'killing' and 'curing' practices were undoubtedly ancient."[65]

Robert Thom's twentieth-century depiction of the arrival of Marquette and Jolliet in the Illinois country

(Courtesy of the Illinois State Historical Library)

The Illinois ceremony may have been transitional between earlier aboriginal practices and the full institution enjoyed much later by the Ojibwa and others.[66] Marquette's reference to *"juggleries"* in 1673 apparently referred to such public ceremonies as the one Deliette observed at least fifteen years later.[67] While scholars often identify the Illinois ceremony as Midewiwin,[68] one anthropologist has instead referred to "Midewiwin-like public performances," but does not offer the same reservation for the Miami ceremony of the same period.[69] Even though an early form of the Mide existed among the Illinois as early as 1673 (and probably for some years before), Hickerson's claim that it was a postcontact development may still be essentially accurate. The protohistoric period for the Illinois country, the time during which trade goods appear before the arrival of the Europeans themselves, began as early as the 1640s. Belting concluded that the Illinois ceremony described by Deliette "seems to resemble in most details the 'public' rite (act III) of the Midewiwin."[70]

Status of Shamans

Successful shamans enjoyed high status in Illinois society; when Father Jacques Gravier referred to "the most notable among the *Peouarenga*," he explained that they were "all famous jugglers." Healers were considered to be "manitous, which is to say, among the savages, as spirits and extraordinary

men."[71] As manitous the curers possessed supernatural power, and for this reason were feared by other members of the tribe. Healers who crossed the line with the supernatural by practicing witchcraft created such apprehension in the general population "that the least suspicion . . . is sufficient to cause a person to be torn to pieces," according to Charlevoix.[72] Unsuccessful shamans, however, those who had lost their supernatural power, apparently were despised.[73]

Success for a healer was determined by patient recovery, but Deliette concluded that the "greater part of the patients are not cured." Shamans were not paid when they failed, even though they attempted to explain away failure by claiming that it was a consequence of some factor other than their treatment. A healer's rationale for failure might have afforded him some time before he lost credibility; eventually, however, fewer and fewer patients would ask for his services.[74]

Successful shamans used the fear generated by their relationship to the supernatural to control young men and to seduce young women. A famous Peoria medicine man showed Deliette a number of defanged rattlesnakes he had accumulated for the Midewiwin presentation scheduled for the next day. This most renowned of Peoria shamans explained that he intended to "let the snakes run [during the ceremony] without fear of being bitten, and that his confreres would pick them up in the presence of the young men, who, looking on and not knowing that the teeth had been extracted, would regard them as manitous." The healer asked Deliette not to hold the ruse against him because it was being done to keep the young men from committing robberies, seducing each other's wives, and insulting the missionaries because they convinced the young girls to reject seduction.[75]

The French missionaries, who established themselves as the medical and religious competitors of the shamans, were convinced that the curers were cynical or fakes because they deliberately employed slight-of-hand tricks while extracting the foreign objects they claimed caused various internal illnesses. Patient recovery, however, must have been promoted by the psychological impact of the treatment. Despite the use of deception on patients, most shamans apparently did have faith in the supernatural power they brought to their treatments and medications for healing.[76] "The human mind," observed a noted anthropologist, "is fully capable of blocking out and compartmentalizing contradictory or inconvenient information through suppression into unconsciousness through rationalization ('it's a trick but it's for their own good')."[77] The Peoria shaman with whom Deliette conversed certainly falls into this category.

Illinois elders opposed the missionaries because the latter rejected Illinois customs as well as their healing practices. Gravier explained that one old man, "full of zeal for the ancient customs of the country and apprehending that his credit and that of his class would be diminished if their people embraced the faith," was especially critical of French priests. Instead, he volunteered

to "teach you what I learned from my grandfather, and what we should believe. Leave their myths to the people who come from afar, and let us cling to our own traditions."[78] The elders clearly saw the European as corrupting.[79]

Conclusion

The Illinois healing arts were a most important part of the Native cultural heritage. Tribal solutions to medical problems satisfied the Illinois appreciation of both disease and injury causation. Their Midewiwin or Grand Medicine Society ceremony was apparently transitional between more ancient practices and the fully developed institution that appeared later in other populations. Although successful healers enjoyed high status in their villages, they must have exercised some caution in order to avoid any association with witchcraft or the misuse of their supernatural power. One important reason why the arrival of the Europeans was so disastrous for the Illinois was that their healing arts were not adequate to cope with the new medical problems presented by the arrival of the invaders.

Blasingham, the foremost scholar associated with Illinois depopulation, concluded that the mortality rates that accompanied such European diseases as measles and small pox absolutely decimated the Illinois.[80] Alcoholism became a serious problem after 1725,[81] and after 1765 malaria and gonorrhea (which must have also reduced the birth rate) added to the tribe's health miseries.[82] Blasingham stressed the importance of disease when she ranked it as the second of her five depopulation factors. An additional factor to consider, however, which explains why the Illinois suffered disproportionately when compared to such populations as the Fox, is the unofficial—but very real—French policy that encouraged the Illinois to become dependent upon Europeans. This dependency made the Illinois more vulnerable to disease and the other depopulation factors identified by Blasingham.[83]

■

***"Indian Deputation," from Henry Lewis's* Das Illustrirte Mississippithal**

Notes

1. Belting, "The Native American as Myth and Fact," *Journal of the Illinois State Historical Society* 69 (1976): 122; Belting, *The Illinois: Our Indian Heritage* (Champaign, IL: Citizens for Chief Illiniwek, 1992), p. 8. Alternately, as early as 1699, several Illinois healers went to French missionaries for medical treatment; see, for example, Julien Binneteau [to a friend], [January] 1699, in *The Jesuit Relations and Allied Documents,* ed. Reuben Gold Thwaites (1896–1901; rpt. New York: Pageant, 1959), 61: 67 (hereafter cited as *Jesuit Relations).*

2. Charles Callender, "Illinois" in *Northeast,* ed. Bruce G. Trigger, *Handbook of North American Indians,* vol. 15 (Washington, DC: Smithsonian Institution, 1978), p. 673.

3. Raymond E. Hauser, "The Illinois Indian Tribe," *Journal of the Illinois State Historical Society* 69 (1976): 134.

4. Blasingham, "The Depopulation of the Illinois Indians," *Ethnohistory* 3 (1956): 372.

5. Voeglin, "Shawnee Stems and the Jacob P. Dunn Miami Dictionary," Prehistory Research Series, vol. l, nos. 3, 5, 8, 9, 10 (Indianapolis: Indiana Historical Society, 1937–1940), p. 105, as cited in Belting, "Illinois Names for Themselves and Other Groups," *Ethnohistory* 5 (1958): 286–87. Le Boulanger, "French and Miami-Illinois Dictionary," MS, John Carter Brown Library, Brown University; Belting, "Indian Mss Dictionary," transcription, p. 118b, Illinois Historical Survey, University of Illinois Library, Urbana. The few entries from the Le Boulanger manuscript that are not part of the dictionary edited by Belting are hereafter cited as Le Boulanger MS. For variations on the spelling of the Le Boulanger name, see Belting, "Illinois Names," p. 290, n 5, and James Constantine Pilling, comp., *Bibliography of the Algonguian Languages,* Smithsonian Institution, Bureau of American Ethnology Bulletin 13 (Washington, DC: Government Printing Office, 1891), p. 302.

6. Vogel, *American Indian Medicine* (Norman: University of Oklahoma Press, 1970), pp. 24–25.

7. Le Boulanger, pp. 106, 106a; Belting, "Illinois Names," p. 286.

8. Antoine Denis Raudot, "Memoir Concerning the Different Indian Nations of North America," in *The Indians of the Western Great Lakes, 1615–1760,* ed. W. Vernon Kinietz (Ann Arbor: University of Michigan Press, 1940), p. 398. Raudot, an intendant of Canada from 1705 to 1710, apparently relied on Deliette's manuscript (which is not extant). His version of Deliette's manuscript does differ from the copy signed by De Gannes and dated 1721. Deliette probably wrote from memory about 1702: "Memoir of De Gannes Concerning the Illinois Country," in *The French Foundations, 1680–1693,* ed. Theodore Calvin Pease and Raymond C. Werner, Collections of the Illinois State Historical Library, vol. 23 (Springfield: Illinois State Historical Library, 1934), pp. 307, 327. The editors observed that the memoir "affords the very best of the early accounts of the Illinois country and of its Indians" because Deliette "writes very much from the point of view of the modern anthropologist" (p. x).

9. Deliette, pp. 363, 327, 375; Raudot, p. 396.

10. See *"les manitos"* under *"jonglerie,"* Le Boulanger MS, last unnumbered page before the dictionary; Belting, "Illinois Names," p. 286.

11. Walter B. Miller, "Two Concepts of Authority," *American Anthropologist* 107 (April 1955): 279; Deliette, p. 353; Claude Jean Allouez, *Relation of 1666–67,* in *Jesuit*

This idealized scene was created by J. A. Holzer in 1894 for the Marquette Building, Chicago

Relations, 51: 49. Under *"songer,"* see *"les esprites des songs"* and *"mes Dieux des songes,"* Le Boulanger, p. 167.

12. Deliette, pp. 363, 370; Jacques Marquette, "Of the First Voyage Made by Father Marquette Toward New Mexico" [1674, Claude Dablon], *Jesuit Relations,* 59: 133. As examples of war manitous Deliette included "falcons, crows, Carrion crows, turtledoves, ducks, swallows, martins, [and] parrots" (p. 375).

13. Jacques Gravier to Bruyas, Feb. 15, 1694, *Jesuit Relations,* 64: 187, 189; Gabriel Marest to Barthélemi Germon, Nov. 9, 1712, *Jesuit Relations,* 66: 233; under *"sacrifice,"* see *"je sacrifie mon corps," "je s. au soleil,"* and *"moi qui suis jongleur je sacreifie,"* Le Boulanger, p. 162a.

14. Allouez, p. 43; Gravier, p. 187; Binneteau, p. 65. Perhaps this was the activity condemned by missionaries as involving the devil.

15. Deliette, p. 364. Under *"serpent,"* see *"serpent sonette qui a un chichic8e,"* Le Boulanger, p. 165a.

16. Deliette, p. 364. Under *"sac,"* see *"sac aux medicines,"* Le Boulanger, p. 161c.

17. Raudot, p. 398. Under *"medecine,"* see *"jai trouve la medecine en creusant la terre"* and *"racine dont en faite cette medecine";* under *"herbe,"* see "je cherche des herbes" and *"je cueille des h. medicina a les,"* Le Boulanger, pp. 118c, 99a.

18. Deliette, pp. 369, 370; Vogel, p. 14.

19. Charlevoix, *Journal of a Voyage,* ed. Louise Phelps Kellogg (Chicago: Caxton Club, 1923), 2: 154. Under *"malade,"* see *"jai une maladie secrette"* and under *"mouir,"* see *"tu est mort par imprecation,"* Le Boulanger, pp. 114c, 123.

20. Deliette, p. 366; Marquette, p. 131.

21. Callender, "Miami," in Trigger, ed., p. 686. Because the Illinois and Miami were so closely related culturally, an institution or practice maintained by one tribe may be assumed to have existed in the other.

22. Deliette, p. 386.

23. Ibid., p. 343; Belting, *The Illinois,* p. 4.

24. An alarming ailment must have been the difference between *"il est un peu malade"* and *"je suis dangereusement malade";* see under *"malade,"* Le Boulanger, p. 114c.

25. Raudot, p. 398; Marquette, p. 129.

26. Le Boulanger, p. 113c.

27. Raudot, p. 398; under *"blasphemer,"* see *"il ma dit des injures"* and under *"injure,"* see *"je lui dis des injures,"* Le Boulanger, pp. 25c, 104b.

28. Raudot, p. 398; under *"maitre,"* see *"je te fais le maitre de mon corps dit au jongleur,"* Le Boulanger, p. 113c.

29. Under *"chanter,"* see *"je ch. avec le jongleur,"* Le Boulanger, p. 37a.

30. Deliette, p. 365; Raudot, p. 398; Marest, p. 233; under *"medecine,"* see "med. infaillable," Le Boulanger, p. 118b.

31. Under *"medecine,"* see *"je rends la medecine"* and under *"boire,"* see *"boit la medecine,"* Le Boulanger, p. 118c, 26c.

32. Deliette, p. 365; under *"medecine,"* see *"jl mapplique la medecine,"* Le Boulanger, p. 118c.

33. Deliette, p. 365.

34. Under *"mal,"* see *"jai trouve voie le mal dit la jongleur"* and under "lecher," see *"je le leche dit le jongleur,"* Le Boulanger, pp. 114b, 109c.

35. Under *"jongler,"* see *"ce que le jongleur fait semblant de tirer du corps,"* Le Boulanger, p. 106.

36. Deliette, p. 367. Prickly ash bark *(Xanthóxylum Americánum)* was also employed to draw out pus; unsigned memoir on medicines, 1724 (hereafter cited as 1724 medicines memoir), in W. Vernon Kinietz, *Indians of the Western Great Lakes, 1615–1760* (Ann Arbor: University of Michigan Press, 1940), p. 224.

37. Deliette, pp. 366–67; Marest, p. 235.

38. Deliette, pp. 348, 367; d'Artaguiette, p. 74; 1724 medicines memoir, pp. 221–25.

39. In Le Boulanger, see the following complaints: biliousness, p. 25b; common cold, p. 74a; accompanying chills and fevers, p. 114d; deafness and headache, p. 114b; indigestion, p. 104a; infertility, p. 104b; inflammation, p. 104b; lameness, p. 115a; stomachache, p. 114a. Marest described blindness (p. 249), and the 1724 medicines memoir mentions various herbal remedies for "a person failing in his limbs," dropsy, venereal disease, burned or frozen skin, scrofula, "the bloody flux," bowel and blood conditions, diarrhea, cuts and sores, various eye disorders, and "felons or sprains" (pp. 221–25).

40. 1724 medicines memoir, pp. 221–22; Deliette, p. 354.

41. 1724 medicines memoir, p. 222.

42. Raudot, p. 400. Although the shamans did not practice amputation, they did set broken limbs; Deliette, p. 368.

43. Deliette, p. 368; 1724 medicines memoir, pp. 221–24.

44. Norman J. Sauer, "Analysis of Skeletal Material from the Zimmerman Site," in Margaret Kimball Brown, *The Zimmerman Site* (Springfield: Illinois State Museum, 1975), p. 108; Le Boulanger, p. 59b.

45. 1724 medicines memoir, pp. 225, 222; under *"dent,"* see *"quon lui arranche toutes les dents,"* Le Boulanger, p. 59c.

46. Deliette, p. 372; Louis Hennepin, *A New Discovery of a Vast Country in America,* ed. Reubin Gold Thwaites (Chicago: McClurg, 1903), 2: 484–85. The 1724 medicines memoir claimed that a good Illinois remedy for snakebite was *Akiskioüiaraoüi,* "the root of the herb of the rattlesnake"; yet the memoir also held that "the orvietan and the theriac have a faster and more certain effect" (p. 223). Dr. W. B. Hinsdale identified the plant as *"Asarum Canadénse, Nabalus,* or *Polygala Sénegay";* see Kinietz, p. 223. Under *"medecine,"* see *"m. pour metre le serpent en o colere"* and *"autre racine pour le faire metre en colere";* under *"racine,"* see *"racine pour se garantir de la mor sure des serpens et qui les fait fuir loignon est blanc et sort hors de terre la tige a un pied de haut les jeuilles de 4 cotes et un petit bouton rouge a la test,"* Le Boulanger, pp. 118c, 151b.

47. Allouez, p. 52.

48. Deliette, pp. 372–74; Vogel, p. 87.

49. Le Boulanger, pp. 118b, 118c; Vogel concluded that Charlevoix's reference to enemas may have pertained to the Miami (p. 90, n. 150).

50. Under *"lepreux,"* see *"plein dabsces,"* Le Boulanger, p. 190d. Le Boulanger states that the Illinois word for cancer was *"m8sse8o"* (p. 34a); an ulcerous skin condition may explain the use of the term (p. 184b). See also Aleš Hrdlička, "Disease, Medicine and Surgery among the American Aborigines," *Journal of the American Medical Association* 909 (1932): 1661–62, as cited in Vogel, p. 159.

51. Le Boulanger, p. 106; Deliette, p. 374; Harold Hickerson, *The Chippewa and Their Neighbors: A Study in Ethnohistory* (New York: Holt, Rinehart & Winston, 1970), p. 52. "Used as an adjective or noun," noted Ruth Landes, "midá means 'mystic,' 'mystically powerful.' The term 'mida'win' (ma'daewm), which occurs subsequently, means literally 'mystic doings'; when capitalized it denotes the society of sorcerers and its rituals." See Landes, *The Prairie Potawatomi: Tradition and Ritual in the Tuentieth Century* (Madison: University of Wisconsin, 1970), p. 8, asterisked note.

52. Deliette, p. 369; Marquette, p. 129; see also Hauser, "The Berdache and the Illinois Indian Tribe during the Last Half of the Seventeenth Century," *Ethnohistory* 37 (1990): 45–65.

53. Deliette, p. 370; Raudot, p. 401; *"jonglerie"* entry, Le Boulanger MS; under *"medecine,"* see *"je le tue par ma medecine,"* Le Boulanger, p. 118b.

54. Deliette, p. 370; under *"le diable,"* see *"dit le jongleur invoquant son manit8 [manitou],"* Le Boulanger, p. 63a.

55. Deliette, p. 370.

56. According to Raudot, "At this time fury seizes them, and they appear to wish to kill all the spectators" (p. 401). Under *"jonglerie,"* see "visage terrible," "dun regard terrible," and *"Des youx pliens de feu,"* Le Boulanger MS.

57. Raudot, p. 401; under *"jongler,"* see *"il se sert du fusil pour jongler";* under *"blesser,"* see *"je mø suis blesse dit la jongleur,"* Le Boulanger, p. 106.

58. Deliette, p. 371; under *"jonglerie,"* see *"rougi a la bouche,"* Le Boulanger MS.

59. Under *"mort,"* see *"on la jette das leau,"* Le Boulanger, p. 122d.

60. Under *"medecine,"* see *"je prens une medecine me donne a boire,"* ibid., p. 118c.

61. Marest observed that "they shake their patients, in such a way that they often cause their death" (p. 233); under *"vomir,"* see *"je v. un ver,"* Le Boulanger, p. 186a.

62. Deliette, p. 371.

63. Harold E. Driver, *Indians of North America* (Chicago: University of Chicago Press, 1961), p. 420.

64. Le Boulanger, p. 106a.

65. Hickerson, pp. 57, 59.

66. W. J. Hoffman, *The Midewiwin or "Grand Medicine Society" of the Ojibwa,* Bureau of American Ethnology, 7th Annual Report (Washington, DC: Government Printing Office, 1891), pp. 143–300.

67. Note that Gravier referred to the shamans' ceremony in 1694 as "their public jugglery" (p. 185).

68. Kinietz, p. 215; Brown, *Cultural Transformations Among the Illinois; An Application of a Systems Model* (East Lansing: Michigan State University, 1979), p. 244.

69. Callender, "Illinois," p. 677; Callender, "Miami," pp. 685–86.

70. Belting to the author, personal communication, Aug. 7, 1972.

71. Gravier, p. 181; Marquette, p. 129; Raudot, p. 400.

72. Charlevoix, p. 154; under *"crier,"* see *"il crie contre la jonglerier,"* Le Boulanger, p. 53c. Some Illinois were persuaded that French priests caused death, even through baptism, and this conviction meant danger and possibly death for the missionaries.

See, for example, Gravier, p. 177, and Deliette, pp. 361–63.

73. This was certainly true for unsuccessful young male shamans, according to Deliette, p. 375. See also, however, Gravier, p. 175, and M. Jean Frs. Buisson de St. Cosme [to Bishop Laval], Jan. 2, 1699, in *Early Narratives of the Northwest, 1634–1699*, ed. Louise Phelps Kellogg (1917; rpt. New York: Barnes & Noble, 1967), p. 352.

74. Raudot, p. 399; Marest, pp. 233–35.

75. Deliette, pp. 372–75.

76. "However," noted Raudot, "when a juggler is sick he sends for another man [shaman] to cure him" (p. 400).

77. Marvin Harris, *Cultural Anthropology*, 2nd ed. (New York: Harper & Row, 1987), p. 267. See also Vogel, p. 189.

78. Gravier, p. 183.

79. Deliette, pp. 361, 330.

80. Marest, p. 247. Under *"verole,"* see *"petite verole"* and *"de petite verole sur la peau"*; and under *"malade,"* see *"tout le monde est malade"* and *"tout le mond muert,"* Le Boulanger, pp. 181d, 123.

81. Under *"eau,"* see *"ils sont toujours yvres"* and *"leau de vie les a tuez,"* Le Boulanger, p. 67c.

82. Blasingham, pp. 393, 382–86. D'Artaguiette observed: "As for the other diseases which come from the corruption of the blood, they did not have them at all before seeing the French" (p. 74); Vogel suggested that this comment referred to venereal disease (p. 153).

83. Hauser, "Illinois," p. 135; cf. Brown, *Cultural Transformations*.

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Native American Women and Forced Sterilization, 1973–1976

Consciously or unconsciously, deliberately, as a matter of national policy, or accidentally as a matter of "fate," every single government, right, left, or centrist in the western hemisphere is consciously or subconsciously dedicated to the extinction of those tribal people who live within its borders.

Within this geopolitical charnel house, American Indian women struggle on every front for the survival of our children, our people, our self-respect, our value systems, and our way of life. The past five hundred years testify to our skill at waging this struggle: for all the varied weapons of extinctions pointed at our heads, we endure.

Paula Gunn Allen, *The Sacred Hoop*[1]

Between 1973 and 1976, more than 3,400 Native American women were sterilized in health service facilities operated by the United States government.[2] Were these sterilizations (as suggested by the quotation above) abusive to Native American women? Has there been a fully conscious policy, plan, or attempt by the United States government to commit racial, ethnic, or cultural genocide?

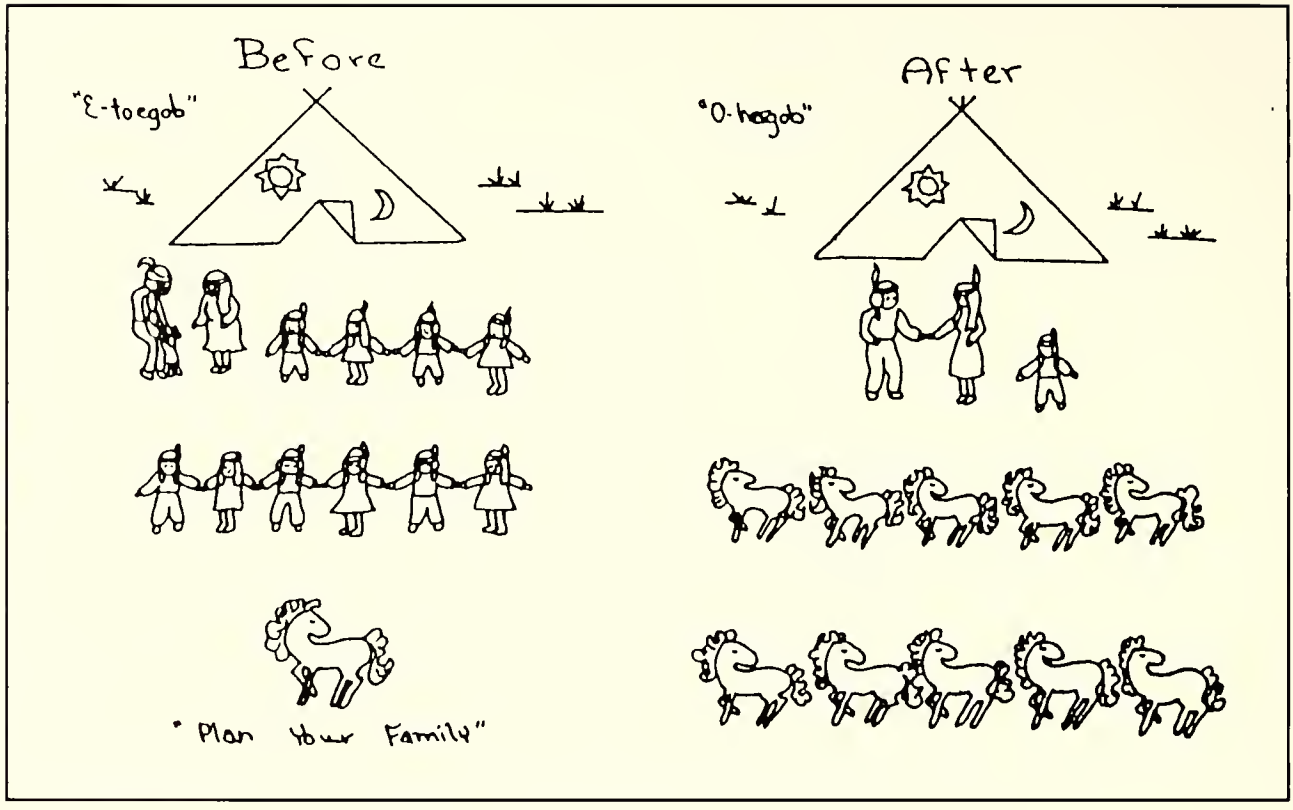
A thorough investigation requires the examination of a systemic network of historical, cultural, economic, and ideological contexts. Of specific interest is whether sterilization occurred as a result of physical force or mental coercion.

The overwhelming poverty and minority status of Native American women, the myriad pathologies of Native women living on the reservation and in urban areas, the paternalistic and assimilationist ideas of such authority figures as doctors and social workers, and the stigmatization of single Native American mothers on welfare are all important considerations.

Introduction

Native American people, as a group, have been continuously marginalized

by Robin H. Jarrell



These illustrations are from a family planning pamphlet produced by the Department of Health, Education, and Welfare and reprinted by Akwesasne News *in 1974.*

by the laws of the United States.[3] While Native peoples were members of a rich and diverse culture before the European invasion, their most recent history is plagued with pathologies: forced assimilation into white culture, unemployment, poverty, alcoholism and drug abuse, cultural and religious devastation, and personal loss.[4]

Too often, the specific history of Native American women's process of survival has been overlooked or ignored. The pejorative term "squaw" is often applied to Native American women, who are viewed as tragic victims of "primitive" societies. As Paula Gunn Allen has argued about the relationship of dominant to conquered societies: "Allied with the view of Indian as hostile savage is the common practice . . . of proving that Indians mistreat their women brutally, at every level and in every way—the implication being that civilized people revere women, and savages, who don't revere them, deserve extermination."[5]

Federal-Native Relationships

In order to begin an investigation of the sterilization issue, it is necessary to review, in brief, the legal and economic history of Native Americans. In 1831, Supreme Court Justice Marshall, in *Cherokee Nation* vs. *Georgia,* sealed the legal fate of Native Americans by declaring that, while Native Americans had a right to the lands they occupied, they should be termed "domestic dependent nations" with the tribe's relationship to the United States resembling "that of a ward to his guardian."[6]

From the creation of the Bureau of Indian Affairs (BIA) within the Department of the Interior in the mid-nineteenth century to 1871, the United States recognized Native Americans' tribal sovereignty only on certain lands, either previously held by Native Americans or on new lands specifically designated by the United States, called reservations.

In the early 1950s, significant changes occurred in the federal-Native relationship. Responsibility for medical and health-related services was transferred from the BIA (in the Department of the Interior) to the Public Health Service (under the Department of Health, Education, and Welfare), where the Indian Health Service (IHS) emerged. The IHS was, and remains to this day, the primary health care provider for Native Americans living on reservations. The administrative staff of most IHS hospitals has been white (in 1977, of the 562 doctors that served the IHS, five were Native American), with Native people in non-medical personnel positions.[7]

The government also initiated programs to assimilate Native Americans into the mainstream of American life. In 1953, Congress exercised its "plenary power" by terminating "guardianship" of several thousand Native Americans. The Urban Relocation Program offered reservation members financial incentives to relocate to the cities of Chicago, Denver, and Los Angeles.[8]

The results of this "termination" caused impoverished Native Americans living on reservations greater economic woes than they had suffered under the

BIA.[9] For Native Americans in general, the combined policies of termination and relocation created in the target cities a population of unemployed Native Americans who were victims of "all the usual problems of the urban poor, along with the added trauma of dislocation."[10]

Women's Reproductive Rights

Sterilization rationales in the United States follow several historical arguments. Some of the most important were advanced by the eugenics movement, which gained scientific and academic popularity in the late nineteenth and early twentieth centuries. Eugenicists argued that social betterment for the white upper class would be achieved through the control of reproductive processes of certain individuals. Actual population-control programs of the 1950s, however, were based on the notion that social change was linked with effective use of contraception by the poor, and that, as one historian has stated, "people [could] use 'family-planning' to bootstrap themselves upward economically and socially."[11]

Family planning was explicitly promoted to Native Americans in the 1960s with various methods, including pamphlets. One Department of Health, Education, and Welfare pamphlet, for example, contained two illustrations based on the notion "Plan Your Family." The "Before" view showed haggard parents, surrounded by eleven children and one horse; the "After" view showed taller and straighter parents with a single child and ten horses.[12]

The trend for government sanctions on population control had gained such widespread support that the newly formed Commission on Population and the American Future stated in 1970 that "no substantial benefits would result from continued growth of the nation's population."[13]

Factors in the United States medical community also contributed to the underlying rationales for sterilization programs. In 1969, the American College of Obstetricians and Gynecologists (ACOG) withdrew its age-parity rule, a bizarre formula used to determine a woman's need for sterilization. Any woman whose age multiplied by number of children equalled 120 could be considered a candidate for sterilization.[14] Once that formula (which was the standard in many hospitals) was withdrawn, sterilizations were more widely available. The potential for abuse appeared.

Finally, surgical techniques for sterilization were improved and advanced. Just as physicians were supported by their colleagues for performing sterilizing operations, there were charges that the procedure was being performed disproportionately on the poor. One study by the Public Citizen's Health Research Group in 1973 indicated coercive techniques by physicians, particularly in medical school settings, to "sell" sterilizations immediately after labor. Reporters noted that "medical staff pressures . . . [were] often brought to bear upon the intern who balked at such practices."[15] And further: "The early 'rewards' for doing more operations on the poor and disadvantaged in the form of residency certification and specialty board qualifications are translating,

after training, into financial rewards wherein, the more you cut, the more money you make."[16]

Sterilizations were performed on women over the age of twenty-five in greater numbers all over the United States during the 1970s. Because the majority were poor and minority women,[17] many civil rights groups suspected that the surgeries were unwarranted and might be abusive. In 1973, several lawsuits forced the Department of Health, Education, and Welfare to set forth a series of guidelines governing sterilization procedures.[18] In *Madrigal* vs. *Quilligan,* ten Mexican-American women sued Los Angeles County Hospital for obtaining consent forms for sterilization in English when the women spoke only Spanish. One of the women allegedly was "denied pain-killing medication until she consented. . . . [Another] did not become aware of her sterilization until four years later during a medical examination."[19]

Involuntary Sterilization of Native American Women

In 1972, Constance Uri, a Native American law student and doctor practicing in Los Angeles, began investigating cases of involuntary sterilization after hearing the report of a twenty-six-year-old Native American woman. Uri initially believed that the woman's account was an isolated malpractice issue, but she continued to receive similar complaints from other Native American women. These women claimed that they had been pressured into the surgery or had given their consent without information about the irreversible nature of the operation.[20]

Uri finally accused several federal agencies (including the BIA and IHS) of genocide. She insisted on a congressional investigation. United States Senator James Abourezk of South Dakota requested a General Accounting Office (GAO) investigation for the years 1973-1976. Four of the twelve major IHS Service Areas were examined: Aberdeen, South Dakota; Albuquerque, New Mexico; Oklahoma City, Oklahoma; and Phoenix, Arizona. The study found that 3,406 Native American women (of whom 3,001 were between the ages of fifteen and forty-four) had undergone the procedure.[21]

The Indian Health Service

In 1973, the Indian Health Service operated twelve major service areas in the United States. Many of the physicians in the system were members of the Commissioned Officers Corps, newly graduated doctors fulfilling a two-year obligation for service.[22]

In the early seventies, IHS centers were far from major hospitals and often miles from Native communities. In a sterilization study (not about abuse) conducted from 1972 through 1978, it was found that most districts serviced by the IHS had "a high proportion of families living in hogans; . . . high rates of unemployment; [and tended] to be far from hospitals."[23] Native American women's distance from hospitals proved no deterrent, however, to IHS sterilization practices. In July of 1974, the IHS center in Claremore, Oklahoma, was reported as refusing emergency

patient care to many Native Americans who were later admitted to non-reservation hospitals. At the same time, forty-eight Native women were allegedly admitted to that same Claremore IHS center for sterilizations.[24]

Many of the sterilizations were performed by "contract" physicians, private doctors whose medical or surgical specialties were not available from the IHS staff.[25]

Since the 1970s, the Indian Health Service has continually been under fire by critics for mismanagement of funds and services. Even today, "Indian Health Services is currently facing financial shortfalls . . . [fiscal year] 1989 shows an overall deficit of $46 million." The summaries of the Select Committee on Indian Affairs in November 1989 through March 1990 are filled with reports of mismanagement by IHS officials, lack of funding, understaffed and decaying facilities, and fraud.[26]

Physicians' Attitudes

The abusive sterilization case alleged by Norma Jean Serena, a Creek-Shawnee living in Pennsylvania, indicated that social and economic issues may have played a more important role than racial ones. Serena, a welfare recipient, was sterilized in Pittsburgh's Citizens General Hospital after the birth of her third child in 1970. According to testimony given in her 1979 lawsuit: "Serena did not know the contents of the [sterilization consent] form nor the consequences of her signature [on that form] and was under the effects of anesthesia and exhausted from a long and difficult delivery."[27] The sterilization was recommended by the social workers assigned to Serena, who were said to be attempting to "help" her with her "big problem of always having babies."[28]

Connie Uri, who had initially accused the United States of genocide, later stated that she did not believe the sterilization of Native American women was "prompted by a government plan to exterminate American Indians." Rather, she stated, they result from "the warped thinking of doctors, who think the solution to poverty is not to allow people to be born. They have the wrong concept of life. They think to have a good life, you must be born into a middle class standard of living. But most people in the world are not born into wealth. And I wouldn't have been born if this was a prerequisite for life."[29]

Social attitudes of physicians toward poverty and single motherhood also were important in sterilization rationales. In a report published in 1971 concerning physicians in a southeastern town of 200,000 inhabitants, researchers found that only six percent of responding physicians recommended sterilization as a birth control method of choice for private patients, yet fourteen percent approved of sterilization as the "first method [of contraception] for public [welfare] patients." In the same poll, 94 percent of gynecologists favored compulsory sterilization for welfare mothers with three or more children.[30]

In addition to pressure from the medical profession to "perform" to certain surgical standards, many physicians also maintained a belief that welfare or "public" patients could not utilize

contraceptive devices properly, or effectively, and that they were not sufficiently "reliable," "intelligent," or "motivated" to use contraception.[31] Many physicians favored punitive actions (compulsory sterilization, withholding of welfare support, or both) against poor women with "illegitimate" children.[32]

Then, too, many physicians believed that they were doing Native American women a service, believing that the women's reproductive processes were somehow linked to a means of obtaining a higher standard of living: "Poor women, be they black or Indian, will have little chance to escape from the poverty cycle if they do not have complete, unhampered access to fertility control," wrote one physician to a medical journal.[33]

But, as Connie Uri stated, instead of addressing the causes for Native poverty, the physician's answer has been to sterilize Native American woman, who "then [return] to poverty."[34] Clearly, physicians made only one narrow connection between fertility control and the poverty cycle, choosing to alleviate the problem of poverty by ridding Native women of potentially poverty-inducing children. Additionally, these doctors failed to understand that sterilization only provides women one kind of "control" over their fertility, and that many other factors can determine a woman's standard of living.

Native Women's Attitudes

The GAO report instigated by Uri and published in 1976 made no mention of the mental and psychological devastation experienced by Native American women who regretted their sterilizations. I could locate no studies on Native American women's reactions to sterilization, although the anthropological case-study by Carlos G. Velez-I on Mexican-American women suggests directions for research.[35] Most of the information on the psychological trauma of Native sterilization abuse cases has been provided by Native physician Connie Uri's "quiet investigations."[36]

Uri reported that most Native American women looked to physicians with "God-like authority" and submitted to sterilization because they "fear[ed] that federal aid [would] be cut off if they did not agree that the doctor knows best."[37] Many Native women, like Norma Jean Serena, failed to understand that their surgical sterilization procedure had rendered them incapable of bearing children. And like other minority women, Native American women were subject to the same "selling" procedures of physicians, including lack of information about the irreversible nature of the sterilization procedure and other coercive tactics.

Also in 1976, Chief Tribal Judge Marie Sanchez conducted personal interviews with thirty Native American women on her Northern Cheyenne reservation in Lame Deer, Montana, and uncovered reports similar to Uri's. Sanchez hoped that her interviews would inspire Native women to bring lawsuits against the IHS, but their own personal stigmas attached to the sterilization issue remained an impediment. "Personal and financial risks are great for these

women," she reported, "even more discouraging than high legal bills is the risk of losing one's place in the Indian community, where sterilization has particular religious resonance."[38]

Studies such as that offered by Velez-I point to the devastation admitted by many women who were sterilized. Harder to substantiate are informal interviews or reports given by Native American women who report psychological trauma. According to Uri, "When [Native women] realize they can't create life, they feel castrated. . . . It dawns on different women at different times. For some, the realization does not strike until many years later, but when it does, they often have a total nervous breakdown, try to commit suicide, go into prostitution or become alcoholics."[39]

No studies confirm the validity of these or other observations by Native American women. A study reported in 1971 by a British physician among Welsh women indicated that "the actual prevalence of regret among sterilization patients [women] may be as high as 25 percent."[40] These data suggest a reasonably high rate of regret in many women, even without complicating factors that might indicate the effects of coercion.

Health Care Incompatibilities

Another factor in the sterilization of Native American women is the inadequate cultural training of IHS physicians. Overworked, hired for the short term, and generally not aware of the complexities of Native American health pathologies, these doctors are unlikely to understand the specific health-care needs of Native American women.

Native American people have a long history of skepticism of IHS hospitals and clinics. The first hospitals built on reservations were designed by missionaries who wished to "civilize" Native people. Native and European ideologies concerning medicine and healing have a substantial history of incompatibility, and Native distrust of white medicine is well documented.[41]

Attempts by white health care professionals to overcome the resistance of Native Americans to the white medical establishment, have been hampered by inadequate funding, mismanagement, and staffing problems within the IHS.

As early as 1948, Flora L. Bailey had called for patience and understanding among health care professionals when dealing with Native spiritual beliefs (termed "mythologies") concerning childbirth.[42] It is interesting to note that many such practices (including using the squatting position for delivery, having family and friends in attendance for support, and taking "focus" items, pictures, mementos, into birthing rooms) are now popular procedures for women giving birth in American hospitals and clinics. Although Native and European medical ideologies are more compatible today, the inequality and disparity between white and Native medicine practices in the 1960s and 1970s must surely have played a major role for Native American women who were compelled to relate to white doctors for their reproductive health care.

Disputes Over HEW Sterilization Guidelines

HEW sterilization guidelines in 1974 included the following stipulations: informed consent (defined as providing the patient with an explanation of the procedure); a description of the risks and benefits of sterilization; an explanation of other methods of birth control; a statement that sterilization is permanent; instruction that a woman may withdraw her consent at any time without the loss of any benefit; and finally, a seventy-two-hour waiting period.[43]

But studies conducted by concerned women's groups (including the West Coast Committee Against Forced Sterilization and the Committee to End Sterilization Abuse in New York City)—as well as by such federal agencies as the GAO—found that non-compliance with HEW sterilization guidelines was standard policy in most hospitals.[44]

In the 1970s and 1980s, women began to see health issues and issues of sexuality as a locus of oppression. The structure of the health care system as it related to the particular needs of women and questioned by such groups as the National Black Feminist Organization and Health/PAC. Eventually, sterilization practices and sterilization abuse were also addressed.

The delineation between sterilization abuse, birth control, and women's reproductive rights became highly complex. Eventually, the Advisory Committee on Sterilization of the New York Health and Hospitals Corporation banded to form more comprehensive guidelines than the original 1974 HEW procedures. These Advisory Committee guidelines included the addition of a waiting period "of at least 30 days, but not more than 180 days" between a woman's informed consent and the actual sterilization procedure. The final draft of sterilization guidelines put pressure on HEW to enact stronger sterilization stipulations that were eventually made into federal law.[45]

But even with the publication of stronger HEW guidelines, the endorsement of urban hospitals, and support from women's rights groups and the general public, the issue of sterilization abuse may not have subsided for Native American women.

Later Research

The 1976 GAO study concluded that Native American women were not forcibly sterilized; consent forms for all the women were on file. As for the charge of genocide, IHS officials claimed that due to the lack of reliable national statistics, it was impossible to determine whether Native Americans were being sterilized at higher rates than other minorities.[46]

When considering the terminology of "forced" sterilization, it is helpful to examine the definition of coercion. It is certain that sterilization abuses existed in the United States previous to 1973, but, instead of the blatant sterilization procedures of the eugenics movement in the nineteenth century, the medical community was engaged in hiding the coercion. The initial HEW guidelines were correctly identified by feminist groups as sub-standard policy for protecting women against the realities of intimidation by physicians and medical

situations. Soft "selling" tactics, the state of women's physical and mental exhaustion after labor, the language/information barriers, all determine how a woman perceives sterilization. Research conducted on sterilization patterns between 1973 and 1976 supported the IHS assertion that no single minority could prove statistically that members had been targets of genocidal sterilization.[47]

The research also indicated that sterilization frequency had "no consistent pattern or direction indicating support for a racial thesis."[48] Welfare status, on the other hand, was reported by Thomas Shapiro as a major factor in sterilization practices. Shapiro's findings indicated that women on welfare and poor women with children were far more likely to be pressured into sterilization than middle-income women. It would seem, however, that racial or genocidal motivations for the sterilization of Native American (or Hispanic, or black women) cannot be teased apart from the social and economic factors with which they are inextricably linked.[49]

Attempts to document sterilization abuse have diminished as women's rights groups have concentrated their focus on defending abortion rights. Yet, according to Charon Asetoyer, Executive Director of the Native American Women's Health Education Resource Center in Lake Andes, South Dakota (serving Yankton, Santee, and Rosebud Sioux reservations), sterilization abuse still exists and is taking more subtle forms of coercion.[50] Arlene Whawasuch, nurse practitioner for the IHS regional center in Nashville, Tennessee, reports that she is "aware that there have been sterilization violations in the past, but there is no indication that it is a problem now."[51]

While sterilization lacks political impetus as a eugenics issue, it is certain that even more complex issues now surround it. For example, there may be a trend toward sterilizing the mothers of children who exhibit signs of Fetal Alcohol Syndrome. In her foreword to *The Broken Cord,* Louise Erdrich makes these comments on the problems of dealing with Native American women who drink during pregnancy: "On some American Indian reservations, the situation has grown so desperate that a jail internment during pregnancy has been the only possible answer in some cases. Some people . . . have taken more drastic stands and even called for the forced sterilization of women who, after having previously blunted the lives of several children . . . refuse to stop drinking while they're pregnant."[52]

Some reservation officials reportedly favor the mandatory use of hormonal birth-control implants or injections for Native American women who exhibit signs of alcoholism or have given birth to a child with Fetal Alcohol Syndrome.[53]

Conclusion

It is tempting to assert that the sterilization of Native American women was not a plan by the United States government for genocide simply because nothing that the United States government has accomplished vis a vis Native Americans has ever been carried out

with such striking efficiency. Native women, as residents of the United States, were at risk to the system of sterilization abuse because they had no other alternative for receiving health care outside the IHS system.

Because eugenics' philosophies influenced early definitions of what was considered economic and socially acceptable for women by medical standards, it became more difficult to define the single issue that marked women for sterilization. Research indicates that poor women (usually minorities) were sterilized in greater numbers, and Native American women have been identified as the most economically disadvantaged of the minorities.[54]

What constitutes sterilization abuse is constantly changing, as more and more "rights" are granted to all recipients of the American health care system. As economic statuses decline or shift, and as ideological and cultural contexts coalesce, new patterns of coercion emerge. However physicians grapple with the medical ethics surrounding "informed consent," the factors of sterilization cannot be identified without their connections to each other and to the women who are the recipients of sterilization procedures. Each of the multiple components of the system of sterilization abuse—economic status, gender, and ethnic identity—formed a network of oppression that affected the reproductive freedom of Native American women.

The meaning of sterilization abuse has also been altered. The definition of women's reproductive freedom also becomes more difficult to interpret in the light of new developments in the changing system. In the future, it is unknown whether sterilization abuse will be a factor in women's reproductive freedom, but almost certainly Fetal Alcohol Syndrome, hormonal implants or injections, and other developing technology will have an impact on the reproductive rights of Native American women.

As the forms of sterilization abuse and other reproductive rights infringements develop, Native American women must determine for themselves how they will address their own experiences of oppression and how they will affect their own freedom. Concerned allies of Native American women can support Native women as they identify their own problems, and as they formulate methods for achieving full reproductive freedom. By understanding that reproductive rights may have different connotations, even within the same ethnic or cultural heritage, supporters of Native American women may strengthen the goals of all women toward the dismantling of the sterilization abuse system and the enactment of full reproductive rights.

■

Notes

1. Allen, *The Sacred Hoop: Recovering the Feminine in American Indian Traditions* (Boston: Beacon Press, 1986), p. 190.

2. United States General Accounting Office, *Investigation of Allegations Concerning the IHS . . . Report H-RD-77-3* (Washington, DC: Government Printing Office, 1976) (hereafter cited as *GAO Report).* In this essay I refer to women descended from indigenous peoples in North America as Native American rather than American Indian. After 1986, both Native American women and non-native scholars call themselves and their people Native American and American Indian interchangeably. My terminology is meant respectfully.

3. Allen, pp. 32–40.

4. Priscilla Buffalohead, as cited in Teresa Amott and Julie Matthaei, *Race, Gender, and Work: A Multicultural and Economic History of Women in the United States* (Boston: South-End Press, 1991), p. 33.

5. Allen, p. 5.

6. *Cherokee Nation* vs. *Georgia,* 30 U.S. (5 Pet.) 1 (1831).

7. U.S. Congress, Office of Technology Assessment, *Indian Health Care,* OTA-H-290 (Washington, DC: Government Printing Office, 1986), pp. 8–17; Donald E. Green and Thomas V. Tonnesen, eds., *American Indians: Social Justice and Public Policy* (Milwaukee: University of Wisconsin System, 1991). Since it would be impossible to summarize the entire legal history of Native Americans in the United States in these few pages, I have included a discussion of those congressional acts affecting the economic status of Native Americans and Native American women. I have omitted any other legislation—including forced relocation, land use rights, and alcohol and drug policies—not directly related to the forced sterilization issue.

8. Russell Lawrence Barsh and James Youngblood Henderson, *The Road* (Berkeley: University of California Press, 1980), especially, pp. 124–32. The Bureau of Indian Affairs, originally established in 1824 under the jurisdiction of the War Department, was moved to the Department of the Interior in 1849, after the forced relocation of the Five "Civilized" Tribes (Cherokee, Choctaw, Creek, Chickasaw, and Seminole). In 1984 the BIA was judged by the Commission of Indian Reservation Economics to be corrupt. Of the federal monies delegated to the BIA, it was discovered that two thirds of the budget had gone to the maintenance of the institution itself, while only one third was spent on social services for Native Americans. See especially Wendell H. Ostwalt, *This Land Was Theirs: A Study of North American Indians* (Mountainview, CA: Mayfield Publishing Company, 1988) and William C. Canby, Jr., *American Indian Law* (St. Paul, MN: West Publishing Company, 1988).

9. Barsh and Henderson; Amott and Matthaei.

10. Canby, p. 26.

11. Linda Gordon, *Woman's Body, Woman's Right: A Social History of Birth Control in America,* 2nd. ed. (New York: Penguin Books, 1990), p. 388.

12. *Akwesasne Notes,* Jan., 1974, p. 6.

13. Allen, p. 388.

14. Thomas M. Shapiro, *Population Control Politics: Women, Sterilization, and Reproductive Choice* (Philadelphia: Temple University Press, 1985); Barbara Caress, "Sterilizations: Women fit to be tied," *Health/PAC Bulletin,* July–August, 1975, pp. 1–13.

15. "Sterilization of Young Native Women Alleged at Indian Hospital," *Akwesasne Notes,* Early Summer, 1974, p. 22.

16. Robert McGarrah, Jr., "Voluntary Female Sterilization: Abuses, Risks and Guidelines," *Hastings Center Report* 6 (1974): 5–7; Caress, "Sterilizations," p. 4.

17. Rosalind Petchesky, *Abortion and Women's Choice,* rev. ed. (Boston: Northeastern University Press, 1990), p. 178.

18. Shapiro, *Population Control,* p. 89.

19. Ibid., pp. 90–91.

20. Gail MarksJarvis, "The Fate of the Indian," *National Catholic Reporter,* May 27, 1977, pp. 4–6.

21. *GAO Report.* Given the small size of the Native American population, one reporter estimated that sterilizing 3,400 Native American women was comparable to sterilizing 452,000 non-Native women; Bill Wagner, "Lo, the Poor and Sterilized Indian," *America,* Jan. 29, 1977, p. 75.

22. Janet Karsten Larson, "And Then There Were None," *Christian Century,* Jan. 26, 1977, pp. 61–63.

23. Helena Temkin-Greener et al., "Surgical Fertility Regulation among Women on the Navajo Indian Reservation," *American Journal of Public Health* 71 (1981): 403–7.

24. "Sterilization of Young Native Women Alleged at Indian Hospital," p. 22.

25. Larson, p. 61.

26. U.S. Congress, Senate Select Committee on Indian Affairs, *Oversight Hearing on Indian Health Facilities,* 101 Cong., 2d sess., March 22, 1990, pp. 275–329, especially p. 285.

27. "Native Woman Sues over Illegal Sterilization, Seizure of Children," *Akwesasne Notes,* Summer, 1975, p. 8; Patricia Moore, "Indian Woman's Sterilization Suit Starts," *National Catholic Reporter,* Jan. 19, 1979, p. 8.

28. Moore, p. 8.

29. MarksJarvis, p. 3.

30. Anthony R. Measham, Robert A. Hatcher, and Charles B. Arnold, "Physicians and Contraception: A Study of Perceptions and Practices in an Urban Southeastern United States Community," *Southern Medical Journal* 64 (1971): 499–503; "Physician Attitudes: MDs Assume Poor Can't Remember to Take Pill, *170 Family Planning Digest,* March, 1972, pp. 3–4 ; Caress, "Sterilizations" p. 4; Shapiro, William Fisher, and Augusto Diana, "Family Planning and Female Sterilization in the United States," *Social Science and Medicine* 17 (1983): 1847–55.

31. Measham et al., pp. 499–503; Shapiro, *Population Control,* p. 116; Shapiro et al., "Family Planning."

32. Measham et al., pp. 499–503; Shapiro et al., "Family Planning."

33. "Letter to the Editor from David M. Priver, M.D.," *Medical Tribune,* April 12, 1978, as cited in Shapiro, *Population Control,* p. 117.

34. Uri, as cited in MarksJarvis, p. 4.

35. *GAO Report;* Velez-I, "Se Me Acabó La Canción: An Ethnography of Non-consenting Sterilizations Among Mexican American Women in Los Angeles," paper presented at the International Congress of Anthropological and Ethnological Sciences, New Delhi, India, Dec. 10, 1978.

36. MarksJarvis, p. 4.

37. Ibid., p. 3; Larson, p. 61.

38. Larson, p. 63.

39. MarksJarvis, p. 4.

40. Letter to the Editor on "Sterilization of Young Wives" by D. B. Whitehouse, *British Medical Journal,* June 19, 1971, p. 707; Caress, "Sterilizations," p. 2.

41. See, especially, Kluckhohn, as cited in Flora L. Bailey, "Suggested Techniques for Inducing Navaho Women to Accept Hospitalization During Childbirth and for Implementing Health Education," *American Journal of Public Health* 38 (1948): 1418–23; Vine Deloria, *Custer Died for Your Sins* (London: Macmillan, 1969); Virgil J. Vogel, *American Indian Medicine* (Norman: University of Oklahoma Press, 1970).

42. Bailey, p. 1418.
43. Caress, "Sterilization Guidelines," *Health/PAC Bulletin*, July–August, 1975, especially p. 12.
44. Ibid., pp. 9–16.
45. Ibid., pp. 11–16; *U.S. Code of Federal Regulations*, 42 CFR, Ch. IV (10–1–1986 Edition).
46. *GAO Report*.
47. Gordon, p. 433; Shapiro, *Population Control*, p. 95.
48. Shapiro, *Population Control*, p. 178.
49. Ibid., pp. 91–107.
50. Author's communication with Charon Astoyer, April 2, 1991.
51. Author's communication with Arlene Whawasuch, March 25, 1991.
52. See Michael Dorris, *The Broken Cord* (New York: Harper and Row, 1988), p. xvii.
53. Author's communication with Jack Campisi, Assistant Professor of Anthropology, Wellesley College, April 12, 1991.
54. Shapiro, *Population Control*, p. 7; Amott and Matthaei, pp. 31–61.

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Editorial

This issue not only completes Volume VIII of *Caduceus*, but brings to a close my editorship of the journal. On January 1, I became the Doane Professor and Vice President for Academic Affairs at Doane College, with campuses in Crete and Lincoln, Nebraska.

The hardest part of taking early retirement at Southern Illinois University School of Medicine, aside from separating from long-term friends and colleagues, is releasing myself from the editorship. The excitement and satisfaction that have come with the publication of each issue is more than could have been predicted when the journal was organized in 1984.

One of my goals in founding *Caduceus* was to encourage health science museum professionals to share news of their programs and exhibits. It has been exciting to see a highly talented generation of young museum scholars find their places among the published.

In each issue, we have tried to feature a museum, sometimes one that was known only to a small circle of enthusiastic patrons and researchers. Notice by *Caduceus* has led directly to the attention of scholars as well as inclusion of several featured museums in directories and tourbooks for the first time.

Another goal in founding the journal was to encourage historians to begin

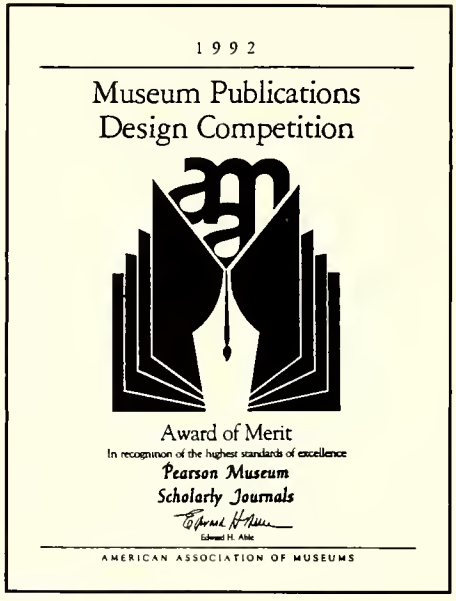
investigating the wealth of material culture held in museums, resources too often relegated by historians to anthropologists. The study of a museum's collections is often the stimulus needed to attract scholars of history, anthropology, archeology, and art to look at what each discipline has to offer to the others. I am pleased that a number of *Caduceus* essays have resulted from interdisciplinary collaborations.

In the eight short years of the journal's existence, we have seen more

and more museum professionals and volunteers bring an increasingly sophisticated approach to their mission. Planning use of resources, exhibition of artifacts, and outreach to the public have been marked by a shift from only collecting and identifying items, to telling an artifact's story in context, to the effort now creating highly interactive displays. Behind the public areas have been efforts to rethink collection and conservation policies, to redistribute and share more responsibilities between professionals and volunteers, and to establish standards leading to accreditation. Interest in health science museums, like interest in museums generally since 1976, is pushing those of us in the academy to rethink many of our assumptions. Opportunities seem without limit, a situation that should both excite and sober us.

Precisely because health science museums have become noticed, they are the objects of entrepreneurial manipulation. It is not difficult to distinguish between institutions that function to promote inquiry and critical consideration of issues, from those used for advertising and propaganda purposes. Far more difficult are those issues that determine what to collect and what will be needed to tell the stories the collections represent. To be scholarly, balanced, and sensitive to the values of the people from whom the artifacts were generated require endless effort and continuing vigilance.

Readership of *Caduceus* has remained small, subscriptions even smaller. Nevertheless, articles published in the last eight years are referenced frequently in a surprising number of places, including the *Citation Indexes*. In the last year, for example, the journal has been used by such major authoratative print organs as *Time, The Washington Post,* and *The Wall Street Journal* for background to their articles about health issues.



Caduceus *received an Award of Merit in the category of Scholarly Publications for the Spring, 1991, issue on the theme "Museums and the Human Remains Controversy."*

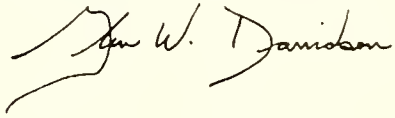
The journal will continue. Professor Theodore R. LeBlang, one of the country's foremost experts on medical-legal studies and my successor as Chair of the Department of Medical Humanities, has concurred with my recommendation to appoint John Haller as editor. Dr. Haller is well known to scholars of medical history. He is the author of *Outcasts from Evolution: Scientific Attitudes of Racial Inferiority, 1859–1900* (winner of the Anisfield-Wolf Prize in Race Relations); *The Physician and Sexuality in Victorian*

America (with Robin M. Haller); *American Medicine in Transition, 1840–1910; Farmcarts to Fords: A History of the Military Ambulance, 1790–1925;* and the forthcoming *Medical Protestants: The Eclectics in American Medicine, 1825–1939.* Dr. Haller holds dual appointments as professor of history at SIU at Carbondale and of medical humanities at the School of Medicine in Springfield. He is also Vice Chancellor for Academic Affairs for the SIU system. I could not think of a more talented and productive colleague in whom to entrust the editorship.

Dr. Phillip V. Davis of the School of Medicine, who has served the Department of Medical Humanities with many editorial projects, comes on board as Deputy Editor. The managing editorship of *Caduceus* will remain in the hands of Mary Ellen McElligott. Colleagues Lynne Cleverdon, business manager of the journal; Carol Faingold, subscription manager; and Barbara Mason, curator of The Pearson Museum, will continue to provide their high levels of competence.

My thanks also go to the many wonderful people who have served on the Board of Advisors and other experts who have reviewed the essays submitted for consideration. Also I recognize the contributions of Linda Keldermans, who assisted me in editing the first volumes, and Debi Vaninger, who designed the journal; as well as Linda Ragel, Pat Baker, Lynette Bates, and other members of the SIU Division of Biomedical Communications who continue to design and prepare camera-ready copy for each issue. Personnel at Phillips Brothers Printers and now at Schenpp & Barnes, both located in Springfield, have taken a personal interest in the quality of printing for the journal. To all, past and present, I owe great gratitude.

I will continue my interest in medical history and my participation in the Medical Museums Association—and, not incidentally, my reading of *Caduceus.*



The Medical Museums Association

The Medical Museums Association (MeMA) was organized in 1984 to promote long-term contacts among individuals, institutions, and organizations involved in collecting medical artifacts of historical interest. These contacts include dialogue between persons interested in or responsible for historical medical artifact collections; loans and exchanges of artifacts between members; improvement of standards in museum and collection management; consultation among members regarding donations, loans, exhibitions, and other museum practices; and the continued education of the general public about the benefits associated with the sustained maintenance and growth of health science collections.

MeMA MEDICAL MUSEUMS ASSOCIATION

Association members meet annually. The 1993 meeting will be held on Tuesday, May 11, in Louisville immediately before the annual meeting of the American Association for the History of Medicine.

There are three categories of individual membership: Professional, $15; Associate, $15; and Student, $10. Among the benefits of Professional membership is a subscription to *Caduceus* at discounted rates.

Membership information is available from the MeMA Membership Office, Dittrich Museum of Medical History, 11000 Euclid Avenue, Cleveland, OH 44106-1714; Telephone (216) 368-3648, FAX (216) 368-6421.

Presidents of the Medical Museums Association

1986-1987 Patsy A. Gertsner (The Dittrich Museum)
1987-1989 Michael Harris (National Museum of American History)
1989-1991 James M. Edmonson (The Dittrich Museum)
1991-1993 Glen W. Davidson (The Pearson Museum)
1993-1995 Adrianne Noë (National Museum of Health and Medicine)

The Medical Humanities Series

The Department of Medical Humanities at Southern Illinois University School of Medicine at Springfield and Southern Illinois University Press of Carbondale announce publication of the newest volume in the Medical Humanities Series: *Farmcarts to Fords: A History of the Military Ambulance, 1790–1925* by John S. Haller, Jr. The book sells for $32.50, plus postage and handling.

The 285-page volume is the first comprehensive history of the techniques, systems, and technologies used to evacuate wounded from the battlefield. Documented with more than fifty-four illustrations, the book chronicles the evolution of the ambulance service from the era of close-order, volley-firing linear platoons to the days of open-order skirmishes, high-velocity small arms, explosive shells, shrapnel, hand grenades, and bombs.

Cross-cultural and interdisciplinary, *From Farmcarts to Fords* focuses on significant developments that occurred in battle tactics, weaponry, and transportation in several major wars (including the Napoleonic and Crimean wars, the American Civil War, the Franco-Prussian and Spanish-American wars, and World War I). The author concentrates on factors that forced sanitary planners and medical personnel to develop and revise their concepts of first aid, evacuation, and hospitalization.

John S. Haller, Jr., is professor of history and medical humanities at Southern Illinois University. He is the author of *Outcasts from Evolution: Scientific Attitudes of Racial Inferiority, 1859–1900* (awarded the Anisfield-Wolf Prize in Race Relations) and coauthor with Robin Haller of *The Physician and Sexuality in Victorian America.*

The Medical Humanities Series is a joint project of Southern Illinois University School of Medicine and the SIU Press. Anthropology, history, jurisprudence, literature, philosophy, religious studies, the visual arts, and decision-making in medicine, are all are represented in the series. Other titles include *Healing Arts in Dialogue: Medicine and Literature,* edited by Joanne Trautmann ($19.95); *The Visual Arts and Medical Education,* edited by Geri Berg ($17.95); and *Medical Law for the Attending Physician: A Case-Oriented Analysis* by Salvatore Fiscina ($45). Order from Southern Illinois University Press, P.O. Box 3697, Carbondale, IL 62901.

Credits

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Page 46: Courtesy of *Akwasasne Notes*.

Cover illustration: "Sioux Medicine Man" by Oscar Howe. Casein on watercolor paper, 1962. From the Collection of the United States Department of the Interior, Indian Arts and Crafts Board, Sioux Indian Museum and Crafts Center, Rapid City, South Dakota.

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Don Biggerstaff, *Director of Biomedical Communications*

Linda Clark Ragel, *Designer*
Patricia A. Baker, *Typesetter*